V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07934
1. PLACE OF DEATH	82:0
County Washington	Registration Dist. No. 30
Village or Near Halfway Md	N(Beckley Farm) St Ward
(If Length of residence in city or town where deeth occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Minnie Ellen Ardinger	ds. How long in U.S. If of foreign birth? yrs. mos. ds. If U.S. Veteran specify WAR.
(a) Residence: No. Same as above (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 5a. If merried, widowed, or divorced	21. DATE OF DEATH July 5,1935 (Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of XXXX XXXXXXX	22. I HEREBY CERTIFY, Thet I ettended deceased from C.30.35 19 to 7-5-35 19
6. DATE OF BIRTH (month, day, and yeer) Feb. 25, 1861	I lest sew hearth elive on 7-4-35- 19 deeth is seld
7. AGE Yeers Months Deys If LESS then 1 day,hrs. ormin.	to heve occurred on the dete steted above, et
Irede, profession, or perticuler kind of work done, as SPINNERP rof. Nurse SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, es SILK MILL, Gen. Nursing SAW MILL, BANK, etc. 10. Dete deceesed last worked et this occupetion (month and 1934 spant in this life occupation)	Cerebral Henro Hoge 6.28.35
12. BIRTHPLACE (city or town) #111-iamsport Md (State or country)	Other Contributory Causes of importance:
13. NAME Charles Ardinger	70
13. NAME Charles Ardinger 14. BIRTHPLACE (city or town) (State or country) Virginia	Neme of operation Dete of Whet test confirmed diegnosis? Wes there an autopsy?
	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Annie McDonald 16. BIRTHPLACE (city or town) (Stete or country) Williamsport Md 17. INFORMANT (Address) Williamsport Md R.F.D. 2	Accident, suicide, or homicide?, 19, 19, 19
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlecHagerstown Md Date July, 8 ,1935	Neture of injury
Albert Leaf 19. UNDERTAKER Williamsport Md (Address)	24. Wes disease or injury in eny way related to occupation of deceased? If so, specify
20. FILED Suly lette + , 1935 los Colore Mard Registrar.	(Signed) D. Coarl Jones M. D. (Address) Welfeansfort md
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. S. N. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Control of the contro			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—V

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
	APPENDED.		

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0	1	4	7		20
U	0	V	V	¥	-

1. PLACE OF DEATH	(19)	
County Washington	Registration Dist. No. 302	~
Village or City Hagerstown	QAI Wantand Attentio	Ward
/16	death assumed in a homital or institution give its NAME instead of street and number)	
Length of residence in city or town where death occurradyrs,mos	des. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME William A. Beale		
(a) Residence: No. 841 Maryland Avenue (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July 26, , 1935 (Month) (Day) (Year	t
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida B. Beale	22. I HEREBY CERTIFY, That I ettended deceased 22. 1 1935 to 1935	1
6. DATE OF BIRTH (month, day, end year) August 29, 1935.	1 last/saw h Line alive on July 24 193/1 death is	
6. DATE OF BIRTH (month, day, end year) August 29, 1900. 7. AGE Yeers Months Days If LESS than	to have occurred on the data stored above. ep 554 m.	2 2410
69 10 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	were as follows: Date of e	onset
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. Laborer	arteriscleroses 6n	
9. Industry or business in which	aracontain and gra	10
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work dona, as SPINNER, Laborer 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month end year) 11. Total tima (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Harpers Ferry (State or country) W. Va.	Other Contributory Canses of importance:	
	Chrone nephralis 25	-D.
T		,
14. BIRTHPLACE (city or town) Unknown (State or country) W. Va.	Name of operation	
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?	
15. MAIDEN NAME Emma 16. BIRTHPLACE (city or town) Unknown (State or country) W Vic	23. If daath was due to external causes (VIOLENCE) fill In also tha following:	
[5] 16. BIRTHPLACE (city or town) Unknown	Accident, suicide, or homicide? Data of Injury, 19	
(State or country) W. Va.	Whara did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs. Ida B. Beale,	Spacify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Hagerstown, Md.		
18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md Date, July 29 135.	Manner of injury	
	Netura of injury	
19. UNDERTAKER Fred W. Kraiss, (Addrass) Hagerstown, Md	24. Was diseasa or injury in eny way related to occupation of deceased? 24.	
20. FILED 7-29-, 1935 PROSHIBOCODO. Registrar.	(Signad) Dr. Ch-Gorelon (Addrass) Hufuslown mu.	. M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example-I	. 1	Example II	LICE ST.
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1905	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis AUS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	07936
County Washington			Registration Dist. No	3021
Village or City Hagerst	OWn	(1f	No. 871 Mulberry Ave.	
Length of rasidence in city or town where d	eath occurred_4	O_yrsmos	ds. How long in U. S. if of foreign birth?yrs	
2. FULL NAME Margar	et A. B	eard		
(a) Residence: No. 871 Mu	lberry (Usual place	Ave. of abode)	St., Ward. If nonresident give city or to	wn and State
PERSONAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEA	TH
Female 4. color or race White	5. SINGLE, MAR OR DIVORCE WICOW	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 6, (Month) (Day)	, 1935 (Year)
5e. If married, widowed, or divorced HUSBANO of George C	• Beard		May 27 1035 10 200 6	ttended deceased from
6. DATE OF BIRTH (month, day, and year) Ma	rch 11,	1874		19.35; death Is said
7. AGE Yeers Months	25 25	If LESS then 1 day,hrs. ormin.	to have occurred on the date stated above, at 9:15A m. The PRINCIPAL CAUSE OF DEATH and releted causes of important were as follows:	ce Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Frontine purgical rech	5-27-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			acute Cordiac Delitation	7-6-39
10. Date deceased last worked at this occupation (month and year)	spei	ime (yeers) nt in this upation		
12. BIRTHPLACE (city or town) Freder (State or country) Md	ick Cou	nty	Other Contributory Causes of Importance:	19.2/3
E 13. NAME James Wolf				12-2/-3
14. BIRTHPLACE (city or town) Frede	rick Co	unty	Name of operation to doction tractine Da What test confirmed diagnosis? X May V Play . Was the	ate of 5 - 27 - 35
15. MAIOEN NAME Melinda		. One (top (top (top)	23. If death wes due to external causes (VIOLENCE) fill in also the fi	
15. MAIOEN NAME Melinda 16. BIRTHPLACE (city or town) Washi (State or country)	ngton C	cunty	Accident, suicide, or homiside? accident. Data of Injury. Where did injury occur? Nows. No gerslow,	5-27-, 1935
17. INFORMANT Mrs. C. R. T. (Address) Hagerstown.			Specify whether Injury occurred in INOUSTRY, in HOME, or in PUB	aud State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Smithburg. Md.		y 8, 193.E	Manner of injury Tall down from the Nature of injury Tractine Surgest needs	of Lawry.
19. UNDERTAKER Fred W. Kra. (Address) Hagerstown			24. Was disease or injury in any way related to occupation of decease if so, specify to the second s	sed? ko, eleys
20. FILED 7-8- , 19.35-6.	hasth	Registrar.	(Signed) Watoria of agen (Address Hogers Lifty, Jud.	M. D.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II	
use of death and related causes Detere as follows:	nte of onset t week ago
car 1	week ago
3	days ago
ry causes of importance:	1 year
_	

	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	3 (52)
1	County Washing Lay	Registration Dist. No. 303
	Village or City Dig Luot, mo	No. le lauvelle St., Ward
	Length of residence in city or town where death occurred 3-8 yrsmos.	Heath occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs mos ds.
	2. FULL NAME AMM COBE	
		asu
	(a) Residence: No. Les Could place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (vorice the word)	21. DATE OF DEATH
13	Male White Married	(Month) (Day) (Yeer)
10	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I ettended deceased from
	(or WIFE or Minerva Deard	Que 5 1935 to half 2/ 1935
å	6. DATE OF BIRTH (month, day, and year) Ahill - 1877	least saw him alive on Jeon 16 0 1935 death is said
certificate.	7. AGE Years Months Deys tf LESS than	to have occurred on the date stated above, 12.40 m.
tif	58 3 19 1day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
	8. Trade, profession, or perticular	Date of onset
Jo	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	right ear 1932
back	9. tndustry or business in which work was done, as SILK MILL,	
ı pe	work wes done, as SILK MILL, SAW MILL, BANK, etc	
ou s	O 10 Date deceased last worked et this occupation (month and year)	
ions	Mart	Other Cautributary Causes of importance:
net	12. BIRTHPLACE (city or town) / (State or country)	
instructions	# 13. NAME LENGUISIAL Brand	
E E	I	
See	14. BIRTHPLACE (city or town) Was In Co.	Name of operation Date of Was there on wlonsy?
ند	15. MAIDEN NAME Margaset Myers	What test confirmed diagnosis? Was there en utopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
important.	I S DIDTURI ACT (the property of the state o	Accident, suicide, or homicide? Date of injury19
por	(State or country)	Where did injury occur?
Ë.	War Misses Bear	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	(Address) By hand R. 7 B.	
10	18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
	Place 1 as 15 Mella Date July 19 3	Nature of Injury
LION	19. UNDERTAKER Tryder & Tholand	24. Was disease or injury in any way related to occupation of deceased?
I	(Address) (International Mark	If so, specify
_	20. FILED As July 2235 To Senting	(Signed) (Signed) / 1000 M.D.
T	DEL. Registrar.	(Address) tarely 22
-	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I V E U		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NUG	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURE	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

± 1	STATE OF WARTLAND	CERTIFICATE OF DEATH
7,	1. PLACE OF DEATH	948
	County Washing On On Conforts	Registration Dist. No. 302
5	Village or City Hagey Stown.	No 939 The levrace of 5 word
5) \ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
1	Length of residence in city or town whare daath occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Tyed Dilyle	
a la	(a) Residence: No. Q 39 The Texycee	St., 5 Ward.
ñ	(Usual place of abode)	If nonresident give city or town and State
aci	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
i i	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	Whale White Married	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
22	(or) WIFE of Grace H.	22. I HEREBY CERTING That I attended deceased from
5	6. DATE OF BIRTH (month, day, and year) CA) 5-1879.	I last saw halive on, 19; death is said
property certificate	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:30 Am.
rific	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cert	8. Trade, profession, or particular	were as follows:
of of	kind of work done, as SPINNER, New Chau	Dead on armal
	9. Industry or business in which (12 1,010c)	and a let a
hack	work was done, as SILK MILLY . KLES Shows the	- may and
on	10. Date deceased last worked at 11. Total time (years) spent in this	CORONARY OCCIUSTON
tnat ons (year) Aug 7.1.1.0.0 occupation 104.15	Other Coutributory Causes of importance:
tio	12. BIRTHPLACE (City of town) Mager Stown.	Cities Contained of Comparation.
ms, s	(State or country) M	
erms, so una instructions	II 13. NAMECNYISKIOU F 17: Kle	
See	14. BIRTHPLACE (city or town) Sym. Maching	Name of operation
-	(State or country)	What tast confirmed diagnosis? Was there an autopsy?
important.	15. MAIDEN NAME Hice 8-12 Y	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
n l	5 16. BIRTHPLACE (city or town) Tai Y Ui Que.	Accidant, suicida, or homicide?, 19, 19, 19
u bo	∑ (State or country)	Where did injury occur?
	17. INFORMANT Y DYS C. F. D. Kle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) Hageystown luc	
is v	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Placat a all Stown le Data All 12., 1932.	Nature of injury
TION	19. UNDERTAKER A.K. COX mark	24. Was disease or injury in any way ralated to occupation of daceased?
-	(Address) Natalexs foun, lu	If so, specify
7	20. FILED 7-11- 19 35 Charf Bower	(Signed) Hangf for M. D
	Registrar.	(Address) Lagers Lown 74
ho	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

RD. Every item of infor-PHYSICIANS should state

LY, WITH UNFADING INK-THIS IS A PERMANENT RE

mation should be carefully supplied. AGE should be

-WRITE PL

N. B.

ARGIN RESERVED FOR BINDING

stated EXACTLY.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	of onset The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1934 Sun over by street car	1 week ago
Cerebral hemorrhage	u5,19zi Perdonilis	3 days ago
120	1 (0)	
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones Mo	g1,1923 Gast centeritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STAUFFER August 8 1935 authorizing addition to cause of death statement -

Statistics, Md. State Dept. Health Balto. Md.

	REC	ь.	Exac	
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	mation should be carefully supplied. AGE should be stated EXACTLY. P	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exac	
OR B	S A PE	tated E	roperly	TION is very important. See instructions on back of certificate.
) F	SI	e st	e pi	f ce
E	THI	q p	y be	k of
IR.	I	lnou	ma	bac
SSE	Z	Es	it it	on
RI	9NG	AGI	tha	ions
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	PL	houl	OF	ver
	TE	n si	SE	is
	VRI	atio	AUS	ION
276	1	E	C	H

V. S. No. 1

B

MOTHER

(State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address) Hagerstwn, Md.

15. MAIOEN NAME

19. UNOERTAKER

(Address)

Elizabeth Settles

Unknown W. Va.

Place Hedgesville, W. DalVa. July281935

Mrs. Mae Strawsburg

Fred W. Kraiss,

state

HYSICIANS t statement

D. Every item of inforshould of OCCUPA-

PLACE OF DEATH County Washington Village or City Hagerstown	E LIMITS OF	Registration Dist. No. No. 10 S. Mulberry Street St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Adelaide		
(a) Residence: No. 10 S. Mul	Lberry Street (Usual place of abode)	St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SEX Whilte	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH July 25, 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Car	rollurg	22. A I HEREBY CERTIFY, That I attended processed from
6. DATE OF BIRTH (month, day, and year) Dec. 7. AGE Years Months 70 7	0ays If LESS than 1 day,hrs. ormin.	1 last saw h
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc HOT 2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this corrupation (month and	ne Work	Artio schotic + Hypertusive
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Berkley (State or country) W. Va	County	Other Contributory Causes of Importance: Cligoria Rephorts
🖺 13. NAME Unknown		/ by pertension
13. NAME UNKNOWN 14. BIRTHPLACE (city or town)	own	Name of operation

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?.

Where did Injury occur?. (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner	of	injury	
Natura	of	iniuev	

(Signed)

24. Was disease or inju If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	•
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AIIC & 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			1111111111
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			46.4

ż

1. PLACE OF DEATH CDURTY Washington			82-0)	Registration D	ist. No. 3	01
Village openy Pines	burg Md		NoNoNorpital or institu	· · · · · · · · · · · · · · · · · · ·	St.,_	Ward
Length of residence in city or town wh	ere death occurred 2	5_yrsmos	death occurred in a horpital or institu	of foreign birth?	instead of street an	_mosds
	B. Charlt as above (Usual place		If U.S. Veteran spe		ive city or town a	
PERSONAL AND STATE	STICAL PARTI	CULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE white		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	July,5,	1935	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M.	. Downin	and the second		CERTIFY		led deceased from
6. DATE OF BIRTH (month, day, and year)	ept 8,	1859	I last saw have eliva on	7-4.35		; death is sal
7. AGE Yeers Months 9		If LESS than I day,hrs. ormin.	to have occurred on the data state The PRINCIPAL CAUSE OF DEAT ware as follows:			Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	Gen Farmi 34 11. Total t	Retired) ng ime (years) life upation	Carelinal	Hemo 11	oge	6.28.30
12. BIRTHPLACE (city or town) W11. (State or country)	liamsport	Md	Dther Contributory Causes of Impo	ortance:		
13. NAME Thomas Cha	rlton				*************	
13. NAME Thomas Cha. 14. BIRTHPLACE (city or town). (State or country) Char.	lton Md		Name of operation What tast confirmed diagnosis?		Date of	fan autopsy?
15. MAIDEN NAME Jame H	etzer		23. If death was due to external case	uses (VIOL ENCE) fill	in also tha follow	ving:
15. MAIDEN NAME Jake H 16. BIRTHPLACE (city or town) (State or country) Mrs Adam B 17. INFORMANT (Address) W1111amsp		n	"Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in	(Specify city or t	own, county and S	State)
18. BURIAL, CREMATION, OR REMOVAL Place William sport			Manner of Injury			
Albert Lea: 19. UNDERTAKER - Williamsp	f		24. Was disease or injury In eny w		tion of deceased?.	
20, FILED Ishy 6, 1935 C	E. Reic	Kard	(Signed) Coc.	0 /1 0	ing	M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	11 315
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis R	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorphage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI.	SICIAL	PHYS	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08002
1. PLACE OF DEATH	(191)
county Washington	Registration Dist. No. 302
Village or City Kagerstown.	Not a cair Grounds - st, 4 ward
	death occurred in a hospital or institution, give its NAME instead of affect and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME MM TTTQYY:n Clark	
(a) Residence: No. 417 Po Po-10mas	St., Z Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Sa It married widowed or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (1018 - 1877	19
7. AGE Years Months Oays / If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SP STANDER OF STANDER	Oute of onset
- EV SAMICA, DOUNNELFER, SIL SEE SEE SEE SEE SEE	Say that he received a
9. Industry or business in which work was done, as SILK MILL, Dansen TI et al Wes SAW MILL, BANK, etc	Report from Baltimore
	indicating leath was
year) July 1 1435 occupetion 301443	Other Contributory Cames of importance:
12. BIRTHPLACE (city of town)	Cheried O rusho to con 20
(State or country)	by be respond to the sun m,
H 13. NAME) IN Y Clarke	1 (Clifface)
14. BIRTHPLACE (city or town) The Lande Burg. (State or country)	Name of operation
15. MAIDEN NAME Sarah Maugaus -	What test confirmed diegeosis?
15. MAIDEN NAME Sweet Mangaus -	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MY J. TTT. Clark (Address) Hagey Charles	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURLATE CREMATION, OR REMOVAL	Manner of Injury
Holaver Cheel Mudoste 19,19	Nature of Injury
19. UNOERTAKERALY COUXX man	24. Was disease or injusy in any way related to occupation of deceased?
(Address) Hager Stoum Jud	If so, specify
20. FILED 7-3-, 1935 Wasting	(Signed) (Address) (Address) (Address)
Registrar. If more blanks are needed, address State Revistrar	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis 2001 9 3/1V	3 days ago		
		BECEIVED			
Other contributory causes of importance:		Other contributory causes of importances			
Gallstones	May 1,1923	Gastroenteritis	1 year		

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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0	0	1	1	1	j	e)	

1. PLACE	OF DEATH			(34)	
County	Washington		4.0.0	Registration Dist, No.	502
Village or	City Hagerst	own	IMITE 85	No. Washington County Hospit	al S Ward
			25 (lf	death occurred in a hospital or institution, give its NAME instead of street a	
	esidence In city or town where			ds. How long in U.S. if of foreign birth?yrs	mosas.
2. FULL N		ence Co.			
(a) Reside	ence: No. 444 Car	lton Av		St., Ward. If nonresident give city or town	and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH July 4, (Month) (Day)	, 193 5 (Year)
5a, if married, wide HUSBAND of (or) WiFE of	owed, or divorced			22. HEREBY CERTIFY, That I attend	ded deceased from
6. DATE OF BIRTI	H (month, day, and year)	ay 25,	1887		death is said
	eers Months	Days 9	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 1:15Am. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were es follows:	I D
kind of	fession, or particular f work done, as SPINNER, ER, BOOKKEEPER, etc.	Labore	r	Bronchopseumonia	Date of one of Colors
2 industry of	r business in which ves done, as SILK MILL, IILL, BANK, etc				
10. Dete dece	ased last worked at cupation (month and	sp	time (yeers) ent in this cupetion	3	
12. BIRTHPLACE ((State or co	cord or county	Royal		Other Coutributory Causes of Importance: Jesting Succes	5
13. NAME	Thomas Colvi	n			
13. NAME 1	CE (city or town) Rappa	hannock	County	Name of operation	f
(State		a •		What test confirmed diagnosis? Was there	an autopsy?
	IAME Sarah McC			23. If death was due to external causes (VIOLENCE) fill In also the folio	wing:
16. BIRTHPLACE (city or town) Rappahannock County (State or country) Va.			County	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Lewis Colvin (Address) Hagerstown, Md.				(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL PiaceHagerstown, Md. Date July 6, 1935			y 6, 19 35	Manner of injury	
19. UNDERTAKER . (Address)	Fred W. Kr Hagerstow		4/ 4	24. Was disease or injury in eny way related to occupation of deceased? If so, specify	
20. FILED 2 - 6	6- ,19.35 f	Tros	Hoeven Registrar.	(Signed) A. A. Berfield (Address) 136 www.aslum	M. D.

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	Example 1	40.00	Example 11	
The principal cause of of importance were as: Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephri	tts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 8 1905	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S	-		
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				

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	lvery item of infor-
	Every
_	CORD.
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DINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every
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THE	INK
ARGIN RESERVED FOR BINDING	UNFADING
T.	WITH
	PLAINLY,
4	-WRITE

PHYSICIANS should state

EXACTLY.

stated

should

AGE

properly classified.

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certificate.

See instructions on back

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B. Exact statement of OCCUPA-

STATE OF MADVI AND CEDTIFICATE OF DEATH

081194

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City 76 6 9 5 6 6 000	No. West. Co. Nost. St., 3 Ward
110	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds,
0 1 - 0	
2. FOLL WAITE	ex
(a) Residence: No. 809 Jalence (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH
5a, If merried, widowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND of Many alice Comer	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Kelly 26 1861	I last saw h fin elive on 2 23 1935; death is said
7. AGE Years Months Devs If LESS than	to have occurred on the date stated above at 3-42 Pm.
74 11 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL 1. Trede, profession, or particular kind of work done, as SPINNER, Ret. R. M. Worker SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL Ret. R. M. Worker Or Ret.	Sept Dale Hemitagea
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
O To. Date deceased last worked et this occupetion (month and year) spent in this year) occupetion.	
Narrish	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	the destrocky frobtoske
11 13. NAME David Come	
1	Name of operation Prostate Commy Date of 25/2.5
4. BIRTHPLACE (city or town) (State or country)	
IS MAIDEN NAME	What test confirmed diagnosis? Wes there an autopsy? #-13_
A cut of . f	23. If death was due to external ceuses (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19, Where did Injury occur?
24. 0 8.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT MONTH CONTROL CONTROL (Address) SOLB La Cara Cura	Specify whether injury occurred in INDUSTRY, in HOME, of In PUBLIC PLACE.
18. BURIAL, CREMATION, DX REMOVAL	Manner of injury
Place Haggerton Date /25 ,19.35	Neture of Injury
Benduto stone	
19. UNDERTAKER OUT AUGUST WITH A GOOD TANKER WITH A	24. Was disease or injury in eny way related to occupation of deceased?
7-25-35-120148-10	(Signed) Daniel at Colothans M. D
20. FILED , 1942 C Registrar.	(Address) Togho from Ind

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis AUG 6 1935	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

be

GAUSE OF DEATH in plain terms, so that it may

FION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

Exact statement of OCCUPA-

_	
No.	
7	
m	
DO.	
G2	
5	
A.	

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08005
1. PLACE OF DEATH	000
10/00/01	Posistration Diet No. 30 X
County YYOSNINGTON	Registration Dist. No.
Village or City VIUQEYSTOWN_	death occurred in a hospital or institution, give its NAME instead of street and stumber)
	ds. How long in U.S. if of foreign birth?
1 11 1 1	ok
2. FULL NAME //allace Loe CO	7
(a) Residence: No. 1011 50 Pottomac - (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 11. 1935
5a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIPY. That I attended deceased from
(OF) WIFE OF	, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year) Down 25- 1875	I last saw h alive on 19; death is said
7. AGE Yaars Months Deys If LESS than	to have occurred on the date stated above, at Am.
(00 5 23, 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causas of Importance were as follows:
8 Trada profession or particular	Were as follows:
8. Treda, profession, or particular kind of work dona, as SPINNER. SAWYER, BDDKKEEPER, etc.	
kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, MF a y m - SAW MILL, BANK, etc.	Hrait Block
SAW MILL, BANK, etc. Taym -	
SAW MILL, BANK, etc	
year) 30 occupation 20475	Othar Cuntributory Causes of importance:
12, BIRTHPLACE (city or town). Wood Stock	Other Carriery Carres of Importance.
(State or country)	. Frant block
# 13. NAME New ton Cook.	
14. BIRTHPLACE (city or town) Lu Yay	Name of operation
(State or country)	What tast confirmed diagnosis?
# 15. MAIDEN NAME Reveces Rucker	23. If death was due to external causes (VIOLENCE) fill in also the following:
E	Accident, suicide, or homicide? Date of Injury19
16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
sland il las M	(Specify city or town, county and State) Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	Spacify anathar injury securice in incostrut, in nome, or in a socio fence.
18. BURIAL, CRAMATION, OR REMOVAL	Mannar of Injury
Place + a a c y S to who Date fully 19 35	Nature of injury
AKONI	
19. UNDERTAKER T CAMPAGE (Addiass)	24. Was disaase or injury in enviwey ralatad to occupation of techasad?
11/1/ 21- 10/11/19	If so, spacify
20. FILED / 1970 / NOUT / POWER	(Signad) acting the source

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 8 1939	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
·	May 1,1923	Gastroenterius	1 year

If more blanks are needed, address State Registrar, 2411 N. Chaples Street, Baltimore, Requesting U. S. No. 1.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH 08006

51-EV	
Registration Dist. No. 302	,
ND. 3 3 4 M Common And., 4 death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos.	Ward
USC, Y Ward. If nonresident give city or town and State	• • • • •
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (Month) (Day) (Yea	r)
22. I HEREBY CERTIFY. That I attended deceased cause, 1,1934, to 20,19	from
Ling. 1, 1934, to Lucy 30, 19.	3.5
I lest saw h. I.M. alive on JULY 30 , 1935 ; death is	s said
to have occurred on the date stated above, at £, 30 Q m.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	nnset
Caroma of Deadder any	-1/35
J	
Other Contributory Causes of importance:	
717 4-3	
Matastasis pelvis 9	
Saft Stage.	
Name of operation Date of	
What test confirmed diagnosis? Was there an autopsy?	
23. If death was due to external causes (VIOL ENCE) fill in also the following:	
Accident, suicide, or homicide?	
Where did injury, occur?	
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
Manner of injury	
Nature of injury	
24. Was disease or injury in any wey related to occupation of deceased?	
if so, specify	
(Signed) / l. D. Camp bo EY.	M. D.
Marine The age classes he	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11	Example II	
The principal cause of death and related tauses of importance were as follows.	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUDEAN V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3 Q800	1
1. PLACE OF DEATH	(34)	
county Washing The	Registration Dist. Np.	-
MILWINGS WAS LYANDER OF	7/1/11	Ward
Village or City 16 a 9 110 low (IF	death occurred in a hospital or institution, give its NAME instead of street and number)	
Langth of rasidenca In city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Edwa Fr. Gra	mer.	
(a) Residence: No. 7/ Zu adison as	CSt., Z Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
Levale white married	(Month) (Day) , 193	2 (ar)
5a. If married, widowed, or divorced		
(or) WIFE of Chas I brand	22. HEREDY CERTIFY, That I Dended deceased	d from
o was or	19,3 of to 7 d 319.	بكن
6. DATE OF BIRTH (month, day, and year)	I last saw h	is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date states above, at	
30 6 22 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows.	lonest
8. Trade, profession, or particular	10.1:	-
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mondie	-
Industry or business In which work was dona, as SILK MILL,		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at 11. Total tima (years) spent in this	170	
year) occupation 1997	Other Contributed Causes of Importance:	
12. BIRTHPLACE (city or town) Wash to kee	C A M	7
(State or country)	200	·
13. NAME WE HOVE T	Neftrung	
f 4. BIRTHPLACE (cily or town) Wash Cu	Name of operation	-/
(State of country)	What test confirmed diagnosis? Vas there an autopsy?	V.C
15. MAIDEN NAME May Borring 16. BIRTHPLACE (city or town) Weak Co.	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
5 16, BIRTHPLACE (city or town) Wesh Co	Accident, suicide, or homicida? Date of Injury, 19.	
State or country)	Where did injury occur?	
17. INFORMANT Krass Torrest	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) 13 Wallison an		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placa Date /23 , 19.35	Nature of Injury	
1 1/4	24. Was disease or injury In any way celated to occupation of deceased?	
19. UNDERTAKER (Address)	If sb. specify	
1/2.5/ 25 24012	(Signed)	MI
20. FILED Registrar.	THE STATE OF ANA	
	(Address)	

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Chronic interstitial nephritis MIC &	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	---------	------------	----	-----------

1. PLACE O		OF MAR	YLAND—	CERTIFICATE (OF DEA	TH (08098
County "ashington				4. 0	Registration [Dist No 43	
Village Williamsport Md			Not 5 - Cast death occurred in a horpital or multium	NAME	CZ St	Ward	
Length of res	sidence in city or town where	death occurred	1116	ds. How long in U.S. If of			
2. FULL NA	ME Anna Ma	rie Darh	37	If U.S. Veteran spec	eify WAR	0	**************
	-	as above	y	St., Ward.			
(4) 11001401	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS			If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH			
female	4. COLOR OR RACE		RIED, WIDOWED,) (write the word)	21. DATE OF DEATH	July 3		., 193.5
5a. If married, wido		WILLOW	a u		(Month)	(Dey)	(Yeer)
HUSBAND of (or) WIFE of	Upton Dan	rbv		22. I HEREBY	CERTIF	Y, Thet I ettende	d deceased from
		une 11.	1859	Drive	do releve	0	, 19
	(month, day, and yeer)		If LESS than	I last saw Ti alive on	4-1		; death is said
7. AGE	6 Months	20 20	I dey,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:			Date of enset
8. Trede, profe kind of SAWYEF 9 Industry or work we SAW MI 10. Date decea- this age	ession, or particular work done, as SPINNER, R, BDOKKEEPER, etc	Housewo	rk	Undetern	nine		
9 Industry or	business in which es done, as SILK MILL,	ad hama		Chronic microso	letis ewen		
SAW MI	ILL, BANK, etc.	at home		Auration out 1	tated		
O 10. Date deceased last worked at this occupation (month and 1935 spent in this occupation control occupation)							
12. BIRTHPLACE (c	city or town)	msport	Md	Dther Contributory Causes of Impo	ortance:		
	Hamilton Do						
I3. NAME			tore W Ve				
Hamilton Downs 13. NAME Hamilton Downs 14. BIRTHPLACE (city or town) Falling Waters W. Va (State or country)			Neme of operation What test confirmed diagnosis?				
# 15. MAIDEN NAME Sarah Lefevre			23. If death was due to external cau	uses (VIOLENCE) fil	I in also the followi	ng:	
15. MAIDEN NAME Sarah Lefevre 16. BIRTHPLACE (city or town) Falling Waters ". Va			Accident, suicide, or homicide? Where did injury occur?		Date of Injury	, 19	
17. INFORMANT Mrs Robert Cullen (Address) White Plains N.Y.			Specify whether Injury occurred In	(Specify city or n INDUSTRY, in HD)	town, county and Si ME, or in PUBLIC F	tate) PLACE.	
18. BURIAL, CREMATION, OR REMOVAL			Menner of Injury				
PlacWilliamsport-Md Date Aug. 2 19.35			Nature of injury		∽		
19. UNDERTAKER Albert Leaf			24. Wes disease or injury in any w	ray related to ording	tibe of decased?	No	
19. UNDERTAKER Williamsport Md			If so, specify	a) totaled to decupa	Di deceased!	1	
20. FILED ALL	192,1935-10	6. Pa	ickna e	(Signed).	missing	mose	м. D
	If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Re	equening V. S. No.	1 114	

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Example I	-13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG B 1905	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

STATE OF MARYLAND	CERTIFICATE OF DEATH 100000
1. PLACE OF DEATH	(Ex a)
County Y La SYL1 Ma 1011	Registration Pist. No. 302
Village or City YOU QCY 3 70 001.	No.45 CU 2 CA-CA St., Z Ward death occurred in a hospital of shatitution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME MYS F- loyeuce E	axp.
(a) Residence: No. 45 5 13 a bett	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (193 (Year)
5a. If marriad, widowad, or divorced	
HUSBAND of (or) WIFE of W:\\iau.	22. THEREBY CERTIFY. That I attanded deceased from
MILI 18-1843	last saw h. C aliva on 2 Mc C & 19.33 death is said
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to have occurred on the data stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Data of onsat
8. Trada, profession, or particular kind of work dona, as SPINNER A SAWYER, BOOKKEEPER, atc.	- COULTY TO COULTY
₹ \ 9_Industry or business In which	
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
0 10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Hagerstown.	
(State or country)	arterial shrows
# 13. NAME FINAYEW Doward.	
13. NAME TO UYEU Doward. 14. BIRTHPLACE (city or town) Hagers to un.	Nama of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Calterine di pets	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Cage x 5 town -	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT YS. TUM Davier	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Had lys toundled Date July 20 1935.	Nature of injury
19. UNDERTAKERT T. M. COXXXXIII	24. Was disease or injury in any way ralated to occupation of dacaased?
(Address) + a l d l d l d l d l d l d l d l d l d l	If so, specify The Envilled
20. FILED. 7-19-, 19-35 PRAY Bower. Registrar.	(Signed) Addrass) Hugenlawn &
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

OCCIONAL)

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
-71	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: IVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstition, nephritis 0 1635	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County WIN CORPORATE LIMITS 60	Registration Dist. No. 302
Village or City (No. (No. 2FULL NAME BOLY)	St.: Ward) (If death occurred in a hospital or institution, give its NAME intended of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last sew h I selection on the last sew h I selection of the last sew h I selection on the
7 AGE If LESS than I day Ohrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. mos. O ds. or O min.?	A A A A A A A A A A A A A A A A A A A
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employes)	(Duration) yrs mos de
9 BIRTHPLACE (State or country)	Contributory Secondary Durgdon yrs fnor
10 NAME OF FATHER FUNDAMENTAL STATES	(Signed)
State of winth	*Stort the Piscase Causing Dorth, or, in deaths from Violent Gaussa, state (1) Moders of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State of Country)	LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfersor Recent Residents) At place State yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dwa.h?
(Informant)	Former or ususl residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL , 19
Filed 7 18 - 1935 Blast Boerows	20 UNDERTAKER ADDRESS

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationwhatever, write Nonc. state occupation at beginning of illness. If retired from to report specifically the occupations of persons erged in domestic service for wages, as Servani, Gook, definite salary), may be entered as Housewife, House-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be to kee Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager." "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a (b) Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material -Precise statement of ocsingle word or term on

Statement of Cause of Death—Name, first, the Tibe EALL CUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed terffy for the same disease. Examples: Cerebrospinal fever the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,")

1935

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

(Recommendations on statement of cause of death car olic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature "(E-haustion," "Heart lanure,
"(Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "Ethaustion," "Heart failure," stited unless important. Example: Measles (disease accelent; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent), affection need not be Chronic interstitial nephritis, Whooping eough; mples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all qu stions "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi Chronic valvular heart disease "Senile," etc.), "Drcpsy," failure," "Haemorrhage," etc. The contributory

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAN	D—CERTIFICATE OF DEATH 18012
1. PLACE OF DEATH	(13)
County Hashington	Registration Dist. No. 🗎 🔏
Village or City Very Similter bung	Stello. Stell Ward
Length of residence in city or town where death occurred 2 2/15	(If death occurred in a hospital or institution, give its NAME instead of street and number)
11 11 10	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jasefle Maskinson	L. Trug
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOS	ZED. 21. DATE OF DEATH
Male White OR DIVORCED (wine the	, 193 0
5a. If married, Widowed ; or divorced	(Month) (Day) (Year)
HUSBAND of Corn WIFE of	22. I HEREBY CERTIFY That I ettended deceased from
2-6-1870	, 19.3., to
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS	I last saw h aliva on
1 day	
Or	in. Ware as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	Lecerosis 1930
Industry or business in which	100
SAW MILL, BANK, etc	in Character 12 1921
11. Totel time (yeers) 12. Date deceased last worked at this occupation (month and spent in this	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
yeer) occupation	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town)	Solvome selection
(State or country) Fred a md	- replaced 1926
13. NAME Januthan Tree.	
14. BIRTHPLACE (city or town) Lear Vally welle	Name of operation Date of
C (State or country) Tred les placed	What test confirmed diagnosis? Was there an autopsy!
15. MAIDEN NAME Surie Surple	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Plan Shuiths but (State or country) Wash (so said)	Accidant, suicide, or homicida? Date of Injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT May argument. They (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manuach Labora
Reserve Cerrety Coate, and 14	Manner of Injury Natura of Injury
Dr. of 11	
19. UNDERTAKER 30. 31 Hooden.	24. Was diseasa or injury in any way related to occupation of decaased?
1.0 12 2 - 11 - 1101	(Signad) 7. G / Helles M.D.
20. FILED MAN (3), 1932 ASLA (1)	
11 1	rgistrar, 2412 N. Charles Street, Baltimole, Requesting U. S. No. 1.

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial haphritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AMG 6 1930	July 5,1927	Peritonitis	3 days ago	
RITUEATI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPAokD. Every item of infor--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING THON is very important. See instructions on back of certificate. RGIN RESERVED mation should be carefully supplied. AGE should be V. S. No. 1 m ż

1. PLACE OF DEATH	(119)
2000 00 00 00 00 00 00 00 00 00 00 00 00	
County IV MAN MICHA	Registration Dist. No. 300
Village or City Samples Manon	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrs/3mos	
2. FULL NAME ROYMAND Servester &	Soufi U.S. Yeteran specify WAR
(a) Residence: No. Hamples manor me	SK. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH 27 (1935) (Moffith) (Day) (Year)
a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of Street	1 HEREBY CERTIFY, That I attended deceased from
. DATE OF BIRTH (month, day, and year) Annul 7 - 1934	I last saw how alive on July 2 to 1930 : death is sa
AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance
8 Trade profession or particular	were as follows: Data of once
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	1 Cull cultures 1/20
kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this securation (month and	
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
Davas Augl	Other Contributory Causes of importance:
(State or country)	
1 10/1/1/1	
- Manual Company	No. of a self-re
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
The state of the s	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Wash Co Mal	Where did injury occur?
highway bar.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
7, INFORMANT LINE TO LAND TO L	TAGE,
18. BURIAL, CREMATION, ON REMOVAL MALE	_Manner of injury
Place Sansfalls Mann Date July 27, 1935	Nature of injury
19. UNDERTAKER LA BACKLIST	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) Bolivar W. Mar	If so, spacify
10. FILED 1/27 1985 - Ell Buy	(Signad) At the policy of
TI LII LII A COLONIA C	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1915	Attack of epilepsy Run over by street car	1 week ago
Cerebral hemorrhage BIISTAII V S	July 5, 1927		1 week ago 3 days ago
	age reserved.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Washington	Registration Dist. No. 302
Village or City Tag ex 5 to un	No. Wash. Cy Hospital st 3 Ward
Things of only 3 100 Q E E O 10 CO FT	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME C (-1) best Gaylor	
(a) Residence: No. + (Usual place of abode)	Sk, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH 30 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. f HEREBY CERTIFY, That I attended deceased from
Margary	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at
54 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Date deedbaed last worked at this ordination of the property of th	drath cansol by
Industry or business in which	sull millioted assort
work was done, as SILK MILL, SAW MILL, BANK, etc.	white whend
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
year) Year 19.30 occupation O.4.45.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Hagexstown.	
(State or country)	
13. NAME Harew Gaylor-	
13. NAME Andrew Cayber-	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 3a vannah Muanaker.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Savannah Unamaker. 16. BIRTHPLACE (city or town) Player Creak	Accident, suicide, or homicide? Durante Date of injury 7/30 1985
(State or country)	Where did injury occur? Funkalow me.
17. INFORMANTLYS. Mara aret Gaulor	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Funders to un Tus)	Homs
18. BURIAL CREMATION, OR REMOVAL	Manner of injury gun shot wound
Deaver Creekled Dold That 1935	Nature of Injury Skot Zulus & Front A head
Andrew & Parkers	
19. UNDERTAKER IN CYCLE R. COX CACALLA (Address)	24. Was disease or injury imany way related to occupation of deceded?
1-31- 35 /11/11/13	(Signed) Solution home
20. FILED 1900 MALIT WORLD Registrar.	(Address) Jamestom Md
If more blanks are needed, address State Registrar,	2411 14. Charles Street, Dallimore, Kequesting Cooling Cooling

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were as	are the same of th	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A116. 18 113.11	July 5,1927	Peritonitis	3 days ago	
	RUREAU V. S.				
Other contributory ca	uses of importance:		Other contributory causes of importance:	100	
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(83)
county Washington	Registration Dist No. 302
Village or City Hag Englown	No. Wash. Co. Hospitalst. 3 Ward
(If Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 1 1	ar dense
ZI FULL NAME	,
(a) Residence: No. 2 / Super (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (Or) NUFF of Harran Green Green Husband Green Husband	22. HEREBY CERTIEY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, end year) Dec 131 1893	I last saw h Acce elive on Jacque 1933; death is said
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to have occurred on the date stated ebove, etm.
4/ 0 / / ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, World Park	A.L. T. IL
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Chielo- repliet
work was done, es SILK MILL, SAW MILL, BANK, etc	Selfer 178
10. Date deceased last worked at this occupation (month and spent in this	Comple Presimone Reliz
yeer)	Other Contributory Causes of importance: (Strepto coecis) 1925
12. BIRTHPLACE (city or town) 6 arrow (6) (State or country)	
13. NAME Herold Hardinge	6
13. NAME Herold Harduge 14. BIRTHPLACE (city or town) Fred. Co. 1	Name of operation Dete of
(State or country) Luc d.	What test confirmed diegnosis? Wes there an autopsyllo
15. MAIDEN NAME Wany Security	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Wany Security 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Accurate Hardinge (Address) 15/1, Proper of	(Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date 7, 19 22	Manner of injury
19. UNDERTAKER Consulty + Sous (Address) by constancy but	24. Was disease or injury in any way related to occupation of deceased? 24. If so, specify
20. FILED 7-2-, 1935- Black However. Registrar.	(Signed) Soffee Seg MD. (Address) / 48 law long & Str. Hagen Hay lay
If more blocks are madely all according	N. C. J. C. D. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ANG 8 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AUG 0 1000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	r. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 08016
	state	1. PLACE OF DEATH	(59)
	ould stat	county Washington	Registration Dist. No. 302
(N	should f OCC	Village or City to Ca CI CN & TO CONTATE LIMITS	ND. 221 MA hocust st. 7 Ward
	= 0	I (II	death occurred in a hospital or institution, give its NAME instead of street and number)
	Every YSICIANS statement	1-1/1/200	ds. How long in U.S. if of foreign birth?mosds.
	tem tem	2. FULL NAME DYOL Y. MUNSIM	1/
13	RD. Every PHYSICIANS oct statement	(a) Residence: No. 22 \ \(\Omega\) \(\Omega\	St., Ward. If nonresident give city or town and State
	PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RI. PI Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
r h	LY	Male White Married.	(Month) (Day) (Yaar)
N	NEN CTI fied.	5a. If married, widowad, or divorcad HUSBAND of	
BINDIN	A C assific	(or) WIFE of -1. sabeth	22. I HEREBY CERTIFY, That I attended deceased from 15. 1934 to July 5 1935
NI N	E X	6. DATE OF BIRTH (month, day, and year) May 15-187	I last saw harm alive on July 5, J. 19.35 death is said
H	Pl d l d l cat	7. AGE Years Months Days If LESS than	to have occurred on the data stated above at 11 15 mm
FOR	IS A PE stated E properly certificate	84 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
E.	70	8. Trade profession or particular	Dermatitio explaiativa Boat
BD	HIS be be of	kind of work dona, as SPINNER OLE Y	June 10 p
34	VK-T should it may n back	M. Industry or business in which work was done, as SILK MIL.)	
RESERVEL	sho it n on b	U 10. Data daceasad last worked at 11. Total time (years)	
E SE		this occupation (month and 3 H spent in this occupation 20475	
	NFADING plied. AGl rms, so tha instructions	12. BIRTHPLACE (city of town) WOLLS U. 11-C	Other Contributary Causes of importance:
GIN	AD sd. S, S	(State or country)	generalized arterio-sclerorio
R	UNFA supplied n terms, ee instru	# 13. NAME John T Harshman	
-	H U sup	13. NAME THAT HAYSH MAU 14. BIRTHPLACE (city or town) WOLLS Dille	Name of operation Date of
	WITH fully su plain nt. See	(State of Country)	What test confirmed diagnosis? Was there an autopsy? Ito.
	WI eful	# 15. MAIDEN NAME Naucy Bowman	23. If death was due to external causes (VIDLENCE) fill in also the following:
	. Set	5 16. BIRTHPLACE (city or town) VV VILS VILLE	Accident, suicide, or homicide? Date of injury, 19
4	id be can DEATH y import	(State or country)	Whera did injury occur? (Specify city ar town, county and State)
	y Did	17. INFORMANT VN VS I V. Harshman.	Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
	PL. hould OF I	(Addrass) Hageystown Tue) 18. BURIAL, CREMATION, DR REMOVAL	Manager of Patrices
	E E S	Place tage exstourn by Date MULL 1935	Manner of injury
	-WRITE mation s CAUSE TION is	Ex log ludy	24. Was diseasa or injury in any way related to occupation of decaasad? 200.
To. 1	TEGE	19. UNDERTAKER (Address) + a a p y storum. (4)	If so, specify
S. No.	m R	he susp 7-6- 135 Hast Breeze	(Signed) R. S. Stauffer M. D.
>	Z	Registrar.	(Address) Hagerstown Med.
6	VIII	If more blanks are needed address State Periodress	N. Charles Sanat Baltiman P. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	BUREALLY	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	VAC 6 1935	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3001 9 3114	3 days ago
			BECEINED	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis		1 year

ADDITIONAL SP.	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	---------	---------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. RGIN RESERVED

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6)
County a shing on	Registration Dist. No.
Village or City % a g Evelleun	No. 328 Control Quality, Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred	ds. How iong in U. S. if of foreign birth?yrsmosds.
2. FULL NAME WWW K. Kee	roudseises
(a) Residence: No. 328 G. C. Assal a (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. 5INGLE, MARRIED, WIDOWED, OR DIVORCED (rurite the word)	21. DATE OF DEATH (Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(a) WIFE of Elizabeth Reconsis	22. HEREBY CERTIFY, That i attended deceased from
244 3111 18 41	I last saw h LTC alive on 19.34; death is said
DATE OF BIRTH (month, day, and year) AGE Years Months Days if LESS than	I last saw h 1 1 c. alive on
C / C I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chrome Mystardeles 192.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 30 %	
12. BIRTHPLACE (city or town) Fine d, Co. (State or country)	Other Contributory Courses of importance:
	-
14. BIRTHPLACE (city or town) Fred CS:	
(State of country)	Nama of operation Date of What test confirmed diagnosis? Cluster Was there an autopsy?
15. MAIDEN NAME Barbara Cerronine	23. If death was dua to external causes (ViOLENCE) fill in also the following:
15. MAIDEN NAME Bastara Herroriumus 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17, INFORMANT Mrs. Elij. Cerroniums (Address) 3286 entral en	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shilow, Ur Ve Date 7/00, 1935	Manner of injury
	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Office of Source (Address) Holorostone Mil	if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1933	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Lancate Control of the Control of th	21		
Other contributory causes of importance:	-	Other contributory causes of importance:	- 1000
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

08018

1.	PLACE OF		ington			(F2)	2
		ty Near	Clear	spring	Md. Jou	Registration Dist. No. OO No. Western Pike St., death occurred in a horpital or institution, give its NAME instead of street and no	Ward
						ds. How long in U.S. If of foreign birth?yrsmo	sds.
2.	FULL NAM				Herbert.	οι W-J	
	(a) Kesidend	:e: No	rearsp	ring (Usual place	of abode)	St., Ward. If nonresident give city or town and	State
	PERSON	AL AND S	TATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	ale	4. COLOR OR Whit		or divorces	RIED, WIDOWED. O (write the word)	21. DATE OF DEATH July 20, (Month) (Day)	, 193 5 • (Yeer)
5a. I	f married, widowe HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY, That I attended	deceased from
6 D	ATE OF BIRTH	month day and	De	cember	291 1916	1 last saw h alive on, 19, 19, 19, 19, 19, 19, 19, 19	
7. A		s	Months 6	Deys	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, efficient. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	Date of onset
OCCUPATION	Work wes SAW MILI 1D. Date deceese this occup	ousiness in whice done, as SILK in L, BANK, etc	h MILL, it	11. Totel ti	me (yeers) It In this petion	Killed by lightrung Frohe	
12. [BIRTHPLACE (cit		Clears Md.	pring.		Dther Coutributory Causes of Importance:	
ER	13. NAME	Walte	r J. H	erbert			
FATHER	14. BIRTHPLACE (State or		Berk W. Va	ley Co	unty	Neme of operation Date of What test confirmed diagnosis? Wes there an e	
ER	15. MAIDEN NAM	ME Mar	y Cout	rell		23. If deeth wes due to externel ceuses (VIDL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (State or	(city or town)	Cheste Pa.	r		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
	BURIAL, CREMATI	Clears	pring,	Md.	y 23. ₉ , 19. 35	Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HDME, or In PUBLIC PL Menner of injury Nature of injury	ACE.
19. t	UNDERTAKER S.	Clear	spring	d Fune	ral Home	24. Was disease or injury in any way related to occupation of deceased?	
20. 1	FILED	723 19 O		Louis	Registrar.	(Signed) Address) Acting Color 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. A.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Diampies.
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG / 1955	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA.

Exact statement

properly classified.

certificate.

See instructions on back of

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08019

1. PLACE OF DEATH	(9)
County Washinglan	Registration Dist. No. 🖒 🖰 🗸
Village or City Somfeles Monor.	NoSt.,Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number) ssds. How long in U.S. if of foreign birth?
Mia 1 100 91/00/1/2017/	Jas
2. FULL NAME//UNIVERSALE PROPERTY PROPE	
(a) Residence: No. DENTY SUS MANON MA (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (*write the word)	21. DATE OF DEATH 15 (Month) (Day) (Year)
Sa. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Smale	HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 9-1934	Sest sawh aliva on 1950 1950 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 10,30 Dm.
1 day,hrs ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Dur for A
SAWYER, BDDKKEEPER, etc.	I have and cough
Kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Engriff fem 1/10 a
10. Date deceased last worked at this occupation (month and yaar)	
Λ Λ	Other Contributory Caneer of importanca:
12. BIRTHPLACE (city or town)	malmutation Roth
13. NAME MAURICE XI DINES 14. BIRTHPLACE (city or town) A A A A A A A A A A A A A A A A A A A	- A CO
14. BIRTHPLACE (city or town)	Nama of operation Oata of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME MARY N. MAYURS - 16. BIRTHPLACE (city or town) Africa of the country of the coun	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (Stata or country)	Accidant, suicide, or homicida?Oate of injury, 19
17. INFORMANT MI ALL TAMBANA TO THE TOTAL TOTAL TO THE TOTAL T	Whara did injury occur? (Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, ORFMATION OF PEMOVAL MAC A	Mannar of injury
Piace Sanfoles Mone Toats July 15, 195	- Natura of injury
19. UNDERTAKER 1 12 16 ACBlest	24. Was disease or injury in any way related to occupation of dacaased?
(Addrass) Colivar W. 7.0.1	if so, spacify A
20. FILED 2/13 133. Earl Bear	(Signad) Walter & Speat (M.O.
Registrar.	(Addrass) Sharpshore of Did

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance; Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

County 11 Caro	nington			82-0		ion Dist. No. 3	
Village or Ay	Williams	port Mo	1	No. 102	Artizan		W
Vinage Car gay				death occurred in a hospital or in			and number)
Length of residence	in city or town where	deeth occurred	yrsmos	ds. How long in U.S.	If of foreign birth?	?yrs	mosd
2. FULL NAME	Douglas	Jacks	on	If U.S. Veteran	pecify WAR	n at wass or o : co or r t co r or t r r t	*********************
(a) Residence: N	o. Same a	s above		St., Ward.			
		(Usual place				dent give city or town	
	AND STATIST	ICAL PARTI	CULARS	MEDICAL	CERTIFICA	TE OF DEATH	H
a.sex 4. c	negro	5. SINGLE, MAR OR DIVORCE MA.TT	RIED, WIDOWED, D (write the word)	21. DATE OF DEATI	July	4th,1935	193
ie. If married, widowed, or		i morra	- Cu		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	Estelle	Gettle		22. I HEREI	BYCERT	IFY, Thet I attend	ded deceased fro
B. DATE OF BIRTH (month	AM and vest Ma	r 6, 15	75	I lest sew hand alive on.		2	: deeth is sa
. AGE Yeers	Months	Deys	If LESS then 1 day,hrs,	to have occurred on the date s	tated above, at 4	.10 A.M.	, utotii 13 3e
60	3	28	ormin.	The PRINCIPAL CAUSE OF D were es follows:	EATH end related	ceuses of Importance	Date of ane
8. Trede, profession, kind of work d SAWYER, BOOK	one, as SPINNER, L	aborer		PILL	2/		/ 0.77
The Control of the Co	ss In which es SILK MILL, G		***************************************	Junyac	Hemo	inage	- G-8-3
SAW MILL, BA	NK, etc	en.work				·	
10. Dete deceesed lest this occupation year)	worked at (monMar.15	, 35 11. Totel t	ime (years) nt in this ife upation				
2. BIRTHPLACE (city or to	wn)Mart	insburg	Va	Other Contributary Causes of i	mportence:		
. 1				Hoffeet.	macon	<i></i>	
	c Jackson			(- <i>J</i> V			
14. BIRTHPLACE (city		a		Neme of operation		Dete o	f
(04-4				What test confirmed diagnosis		Wes there	an eutopsy?
(Stete of Count	D	ett		23. If deeth was due to external	ceuses (VIOL ENC	E) fill in elso the follow	wing:
(Stete of Count	ary barn			Accident suicide or homicide		Date of Injury	, 19
(Stete of Count				Theoreasing saveracy or monnered			
15. MAIDEN NAME M 16. BIRTHPLACE (city (Stete or count	or town)		уа	Where did Injury occur?			
15. MAIDEN NAME M 16. BIRTHPLACE (city (Stete or count)	or town)	ettella	chron		(Specify cit	y or town, county and HOME, or In PUBLIC	Stale) PLACE.
15. MAIDEN NAME M 16. BIRTHPLACE (city (Stete or count (Stete or count (Address) W 1 8. BURIAL, CREMATION.	or town)	rt Ja	ld	Where did Injury occur? Specify whether Injury occurre	(Specify cit	y or town, county and 1 HOME, or In PUBLIC	Stale) PLACE.
15. MAIDEN NAME M 16. BIRTHPLACE (city (State or count 7. INFORMANT E (Address) W 1 8. BURIAL, CREMATION Place M 8.T. LIT	or town)	rt July	THE ROOM OF THE PERSON	Where did Injury occur? Specify whether Injury occurre Manner of injury	(Specify cit d In INDUSTRY, In	y or town, county and h HOME, or in PUBLIC	Stale) PLACE,
15. MAIDEN NAME M 16. BIRTHPLACE (city (Stete or count) 7. INFORMANT E (Address) W 1 8. BURIAL, CREMATION,—PlaceM 8.T. LIT	or town)	rt / N Yapate July	ld	Where did Injury occur? Specify whether Injury occurre	(Specify cit d In INDUSTRY, In	1 HOME, OF IN PUBLIC	PLACE.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows: CEIVEL	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	ne alle
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RGIN RESERVED

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Example I		Example II	No. of Lot
The principal cause of death and related causes of importance were as follows ECEIVE Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis AUG 7 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	ILAND—	CERTIFICATE OF DEATH	1100-0
County Hashington		Registration Dist. No. 3	17
0 ' 10			
Village or City 13 Brown Lte	(If	NoSt., f death occurred in a hospital or institution, give its NAME instead of street ar	Ward Ward
Length of residence In city or town where death pecurrad		ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Susie 6. So	Knson	If U.S. Veteran specify WAR	
(a) Residence: No.		St. Ward.	
(Usual place of	of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARK	RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH	1025
5a. If married, widowed, or divorced	ud	(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attend	ad deceased from
J.M. Johnson	¥.	July 20 4935 to July 3	1 1935
6. DATE OF BIRTH (month, day, and year) 26. 19.	1870	I last saw h. alive on Quly 3 0 193	3; death is sald
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, at 9 _ A-m.	
05 5 12	1 day,hrs.	The PRINCIPAL CAUSE OF DEXTH and ralated causes of Importance ware as follows:	Oste ol onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		4 0 0	A-A-man
SAWYER, BOOKKEEPER, etc.		Oblenic Stukarma	1724
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		101	
0 10. Oate decaased last worked at 11. Total til	me (years)	hum punite	
	tin this pation		
12, BIRTHPLACE (city or town) & Combo Bo		Other Coutributery Causes of Importance:	
(State or country)		Catra MA DAMA	~~~~
13. NAME Ino. 6. Oxaff	elle	the state of the s	
13. NAME 100, 10 10 10 10 10 10 10 10 10 10 10 10 10	30.	Name of operation Date of	
(State or country)		What test confirmed diagnosis? Machine Was there a	
IS. MAIDEN NAME Lavenia DA	cles	23. If death was due to external causes (VIOLENC) fill in also the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1301	Accident, suicide, or homicide? Oate of Injury	
(State or country)		Where did Injury occur?	
17. INFORMANT THE C. W. Keeda		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
(Address) anekelia m	d		
18. BURIAL, CREMATION, OR REMOVAL		Manner of Injury	
Place Berry wills a Date que	9.2.195	Nature of Injury	
19. UNDERTAKER 4. T. POLISIUM		24. Was diseasa of injury in any way related to occupation of deceased?	700
(Address) Bolivar, W	10,	If so, specify	
20. FILEO Selly 312 1935 Comelius N.	Castle	(Signed)	
DEPE	Ly Registrar.	(Address) Sunceres M	
If more blanks are needed, a	ddyess State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

OCH III

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 5 1933			
Other contributory causes of importance. S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

st: UP	1. PLACE OF DEATH	(131)	
	County Washington	Registration Dist. No.	302
item of should of OCC	Village or City Hayels to win	ND. 3+2 Jen Parroe area area death occurred in a horpital or insulution, give its NAME instead of street an	
× 00 +	Langth of rasidence in city or town where death occurredyrsmos		
RD. Every YSICIANS statement	2. FULL NAME Florence Kersh	nes	
D. 1 SIC tate	(a) Residence: No. 352 Linganor	engl 6 Ward.	
	(Usual place of abode)	If nonresident give city or town a	
RECO : PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	i
E X	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 26 (Month) (Day)	, 193 5
A C T L assified.	S6. Af married, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attend	ed decaesed from
CXE.	6. DATE OF BIRTH (month, day, and year) Lee 9 (869	I last can her alive on July 244, 193.	; death is said
IS A PE stated E properly certificate	7. AGE Years Months Deys If LESS than 1 dey,hrs. orhrs.	to hava occurred on the date stated above, at	Date of onset
HIS be be of	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	artemosclerous	6 2000
Should it may n back	9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	:,	
H m to	10. Date dacaasad last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation 4.04%		
NFADING oplied. AGl erms, so tha instructions	12. BIRTHPLACE (city or town) Wal Co	Dithar Coutributory Causes of Importance:	
UNFA ipplied terms,	13, NAME AND SON TO THEY	Chronic/lefilereles	afea
H U sur	14. BIRTHPLACE (city or town) work Co (State or country)	Nama of oparation Date of What test confirmed diagnosis? Was there a	
	# 15. MAIDEN NAME Varossel Sprecher	23. If death was due to external causes (VIOLENCE) fill in also the follow	
INLY, WI be careful EATH in pimportant.	16. BIRTHPLACE (city or town) Weel Co (Stete or country)	Accidant, suicide, or homicida? Date of injury Date of injury	, 19
	17. INFORMANT & B Karoline 2 (Address)	(Specify city or town, county and S Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC	itate) PLACE.
FE S IS	18. BURIAL, CREMATION, OR REMOVAL Place Sycrad for disposition 7/29, 1935	Manner of injury	
mation CAUSI	19. UNDERTAKER Constitution Sous	24. Was disaasa or injury in any way ralatad to occupation of daceased?	no
E T	20. FILED 7-27 1935 Sharff Sources	(Signad) M. a. Gorclon	M. D

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NIG 6 1835	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
0.1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

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(Address)

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage St. 5. 1500	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S	<u> </u>	·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	m 2211. 1		

V. S. No. 1 M

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT H	mation should be carefully supplied. AGE should be stated EXACTLY.
	E	on
	VE	ati
4	1	E

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

OCCUPATION

MOTHER | FATHER |

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	8025
1. PLACE OF DEATH			(3)	
County Washing	ton		Registration Dist. No.	03
Village or CityGlearep	ring R. I	F. D.	NoSt.,	Ward
		(II	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Ann M				
			St., Ward.	
(a) Residence: NoNear			If nonresident give city or town as	nd State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		RIFD, WIDOWED, D (write the word)	21. DATE OF DEATH	5
Female White	Widow		Month) (Day)	(Year)
5a. If marriad, widowad, or divorcad HUSBANO of (or) WIFE of William S	. Kisner		22 I HEREBY CERTIEY, That I attende	d deceased from
(0) 11111 01 112222011 2	• 11201101		my 3/ 1933, 10 Darly C	2 1936
6. DATE OF BIRTH (month, day, and year)	December 7	, 1840	I last saw had walive on July for 1986.	; death is sale
7. AGE Yaars Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 3:45P.m.	33
94 7	0	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	IV Womle		Disease	4
4 9 Industry or business in which	HOHE-WOLK-			5
work was dona, as SILK MILL, SAW MILL, BANK, etc.				- 2
- time code patien (month and	spar	me (years) it in this		Sq
year)		pation	Othar Coutributory Causes of importance:	E
40. 4	Clearsprng			
			*!	
13. NAME Jacob Forsyt		+.e	Name of operation Date of	
(Stata or country)	Md.	urroy	What test confirmed diagnosis Blad Scale Was there are	au'nney?
15. MAIOEN NAME Sally Brid	lendolph		23. If death was due to axternal causas (VIOLENCE) fill in also the follow	
15. MAIOEN NAME Sally Brid	hington Co	unty	Accident, suicide, or homicide? Data of injury	, 19
∑ (State or coun'ry)	Md.		Where did injury occur?	
17. INFORMANT William C.	Kisner		(Specify city or town, county and St Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC F	LACE.
(Addrass) Clearspring 18. BURIAL, CREMATION, OR REMOVAL	, Md. R. F	D.		
Placa_Near_Clearsprin			Manner of injury	
			24. Was disease or injury in any way related to occupation of deceased?	
19. UNOERTAKER Snyder-Rowler (Address)		Hane	If so, specify of the angles that the second of the second	1
20. FILEO Caly 8 193	2(1)	Muyay	(Signed) OP)
20, FILEUM	de dos	O Registrar.	(Ardress) Thankfung	7-1
If me	blanks are needed, a	address Store Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death and rehof importance were as follows:	ited causes	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis!	1 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	-4:1 V	July 5,1927	Peritonitis	3 days ago
	on manners decompletely are a			
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate

See instructions on back

TION is very important.

(Address)

-WRITE

should state Every item of infor-

OCCUPA-

Jo

STATE OF MARYLAND—CERTIFICATE OF DEATH

. PLACE OF DEATH	
County Washington	Registration Dist. No. 30 2
Village or City Mageratory	No. Neon Rowlands Mill St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U. S. If of foreign birth?yrsmosds
FILL NAME Elina of Gara O	Vt

	1100.	agus			No. Neon Rowlands Mild St., f death occurred in a horpital or institution, give its NAME instead of street an	
2.	Length of residence in ci	- 1	/ 1	a. Koo	ds. How long in U. S. If of foreign birth?yrs	mos
	(a) Residence: No	314 L	Kirty (Dayliplace	of abode)	St., 4 Ward. If nonresident give city or town a	ad State
-	PERSONAL AN	D STATISTI			MEDICAL CERTIFICATE OF DEATH	nd State
3. SEX	ale 1. colo	R OR RACE	5. SINGLE, MAR	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u></u>
H	married, widowed, or divo IUSBANO of or) WIFE of	rced			22. I HEREBY CERTIFY, That I attende	d deceased
6. DAT 7. AGE	Years	y, end year) 70 Months	L. 20 -	- 192L	I last sew h elive on, 19, 19, to have occurred on the date stated above, at ∠∠ C _ m.	; death is
-	9	5	3	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Date of on
I OI	 Trede, profession, or pakind of work done, SAWYER, BOOKKEE Industry or business In 	as SPINNER, PER, etc	non	P	Mether death leg	
an D	work was done, as S SAW MILL, BANK, e	SILK MILL, etc	1 11 Table		the Centictano Challes	
0	this occupation (mor	nth and	spe	ime (years) ntin this upation	Other Contributory Causes of importance: the antictam Cauch. no	75.
12. Bii	RTHPLACE (city or town). (State or country)	Hage	nator	21	able to swims he get into deep water and on	conned,
	. NAME Char	les L.	Koon	5	before help socioned to exacus beines curry	
FATH 14	BIRTHPLACE (city or to (State or country)	wn) Kag	water	m.	Name of operation Date of	
원 표 15	MAIDEN NAME	aldie!	A. Sin	ith	What test confirmed diegnosis? Was there ar 23. If death wes due to external causes (VIOL ENCE) fill in aiso the following	
MOTHER 12	i. BIRTHPLACE (city or to (State or country)	wn) Tha	me	ws	Accident, suicide, or homicide? Accident. Oete of injury Where did injury occur? were the gentlemen What injury County	, 19
17. INF	FORMANT M. C	1. 4. K	oons		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	(ata)
18, BU	(Address) RIAL, CREMATION, OR R	-A	1 7	-) 6- 30	Manner of injury accidental drowning.	
	Place Raga	XY Y V	1/ ' -	P 18	Neture of injury	
19. UN	DERTAKER	0 / 1/	una	envaru	24. Wes disease or injury in any way related to occupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	J.	Example II		
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis AUC 8 1995	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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item	sho	Jo		
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JRD.	IXSI	sta		
REC	PF	xact		
L	Y,	124		
MANEN	XACTI	classified.		
PER	回	ly.	ite.	
4	ted	per	ifica	
IS	sta	pro	ert	
HIS	pe	be	jo	
TI-	plu	lay	ack	
IK-	shor	t m	ı ba	
INK	E shor	at it m	s on b	
ING INK-	AGE shor	that it m	tions on b	
ADING INK-	ed. AGE shor	s, so that it m	ructions on b	
NFADING INK-	oplied. AGE show	erms, so that it m	instructions on b	
I UNFADING INK-	supplied. AGE shor	in terms, so that it m	see instructions on ba	
ITH UNFADING INK-	illy supplied. AGE short	plain terms, so that it m	See instructions on ba	
WITH UNFADING INK-	refully supplied. AGE short	in plain terms, so that it m	tant. See instructions on ba	
LY, WITH UNFADING INK-	carefully supplied. AGE short	TH in plain terms, so that it m	portant. See instructions on ba	
UNLY, WITH UNFADING INK-	be carefully supplied. AGE show	DEATH in plain terms, so that it m	important. See instructions on ba	
PLAINLY, WITH UNFADING INK-	ould be carefully supplied. AGE shot	F DEATH in plain terms, so that it m	ery important. See instructions on ba	
TE PLAINLY, WITH UNFADING INK-	should be carefully supplied. AGE show	E OF DEATH in plain terms, so that it m	is very important. See instructions on ba	
RITE PLAINLY, WITH UNFADING INK-	tion should be carefully supplied. AGE show	USE OF DEATH in plain terms, so that it m	ON is very important. See instructions on ba	
-WRITE PLAINLY, WITH UNFADING INK-	mation should be carefully supplied. AGE short	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.	
N. B.—WRITE PLANKY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item o	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul	CAUSE OF DEATH in plain terms, so that it m	TION is very important. See instructions on b	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	B
County Washington (Frantyon	Registration Dist. No. 303
	anotsicle St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edwen Lay	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 29, 1935	I test saw h Line alive on
7. AGE, Years Months Days If LESS than	to have occurred on the date stated above, at . 2 C.m.
Stillborne 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
A sindustry or business in which	Inscapsed Cord
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 1D. Date deceased last worked at this occupation (month and year)	
12 RIRTHPLACE (city or town) Clear Spring. Mil	Other Coutributary Causes of importance:
(State or country)	
13. NAME Lewis Franklin Law	
13. NAME Lewis Franklen Lay 14. BIRTHPLACE (city or town) Masyland	Name of operation Dato of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lelia Viola Laug	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Leta Viola Lang 16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide? Date of injury, 19
Σ (State or country)	Where did injury occur?
17. INFORMANT Mrs. Lewis Ray 7	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Luthery Centery Date July 30, 1933	Nature of injury.
19. UNDERTAKER Styder House Home	24. Was disease or injury In any way related to occupation of deceased?
(Address) Clear Spring Ind	If so, specify
20. FILEGULY 3.0, 19. 35 \ CW. Mumay	(Signed)
Register.	(Address) Wear Office

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at sehool or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	11 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related eauses of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08038
1. PLACE OF DEATH	(98)
County VVASHINGTON	Registration Dist. No. 50 K
Village or City MEAR CHARFOSS YOUT	\$\frac{4}{NO.}\$ St., Wa death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	
2. FULL NAME HOWARD NILSON L	OWERY
(a) Residence: No. Hayerolown lud Ry	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mala White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Dorothy Goeta	22. I HEREBY CERTIFY, That I attended deceased for
DATE OF BIRTH (month, day, and yeer) / Level 3 1/9/2	, 19, to, 19
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 Pm.
23 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done as SPINNER Z	Date of on
kind of work done, as SPINNER, Harm Laborer SAWYER, BOOKKEEPER, etc. Harm Laborer	00
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	degniung Stroke
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and feet 1236 - spent in this occupation	
BIRTHPLACE (city or town) Hages Leave (State or country)	Other Contributory Causes of importance:
13, NAME Harrie 4 la Louver 4	
1/9,	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Callie Sa Dalen	What test confirmed diagnosis? Was there an autopsy?
7 101	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide:
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur? Man Crasher Rout 4 Hz
INFORMANT Harvey G. Lowery	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) Madout Digak K	The state of the s
Place Pleas out thise Date forty , 19 30	Nature of injury
UNDERTAKER David Martine	24. Was disease or injury in any way related to occupation of deceased?
(Address) Gracus Carlle fa	If so, specifyl outring in white hald within
D. FILED J-10-, 1955 Charfflowers	(Address + Advisory Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

should state of OCCUPA-

tem of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

00	Ex.	¥	1)
08	Ų.	-	8	3

(31)
Registration Dist. No. 303
No. Washington County Home St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
mosds. How long in U.S. if of foreign birth?yrsmosds.
e St., 5 Ward.
If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
July 13, 193 5. (Month) (Day) (Year)
22. I HEREBY CERTIFY, That I attended daceased from
I list saw her aliva on fully 12 19 80; death is said
The PRINCIPAL CAUSE OF DEATH end ralated causes of Importence were as follows:
0.0
acto vesentin level of real fly
Dithar Coutributory Causes of Importance:
Neme of operation Date of What tast confirmed diagnosis? Was there an autopsy?
23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
Accidant, suicide, or homicide? Date of injury, 19
(Specify city or town, county and State) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Mannar of injury
Nature of injury
24. Was disaase or injury in any way related to occupation of decaasad?
If so, specify
(Signad) Jan J. C. Dool S. T. Hercas T. Ma
1

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: CEIVED		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ALIC & 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1 B Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH (18030
1. PLACE OF DEATH	(A)
county Washington	Registration Dist. No.
Village or City 26 2 9 Wastown	No. Wash . Co. Nepitel St. J Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	7 ds. How long in U.S. if ol lorelgn birth? 2 9 yrsds.
2. FULL NAME Coly a Mackenett	I be wed.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (agrice the word)	21. DATE OF DEATH
permale while window	(Month) (Day) (Year)
5a. Il mortiad, widowed, or divorced HASBAND William Wackerette	22. HEREBY CERTIFY, That attanded decassed from
701-8 1877	Usst saw h 2 alive on July 10 ,1935; daath is sald
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above at 2h 30 Pm.
5 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Worksettiff SAWYER, BOOKKEPER, etc.	aceu opl la 7/2/51
2 9 Industry or business in which	11
work was done, es SILK MILL, SAW MILL, BANK, atc	***
10. Date dacaasad last worked et this occupation (month end year) spent in this occupation coupetion occupation	
London	Other Contributory Causer of importance:
12. BIRTHPLACE (city or town). (State or country)	The standard of the standard o
13. NAME Saul O HOE	
E 1 - 1 - 1 - 1	Ch budelow 7/- 121
(State or country)	What test confirmed diagnosis was there en autopsylved
	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
I	Accident, suicide, or homicide? Date of Injury19
16. BIRTHPLACE (city or town) Condition Conditio	Whare did Injury occur?
as were his about	(Specify city or town, county and State) Spacify whethar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Hances of hid	opacity which at highly occurred in the country, in from E, or all open of EACE.
18. BURIAL, CREMATION, OR REMOVAL,	Mannar of injury
Place Park Head Date 1/3, 1935.	Nature of injury
Sous Seiter Flows	24. Was disease or injury In any way related to occupation of deceesed?
19. UNDERTAKER (Addiess) Let ender and	Il so, specify
7-12-35 Great Town	(Signed) Lett Trueschool M. D.
20. FILED	(Addrass) Hercentones of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Atlack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ż

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 08031
1. PLACE OF DEATH Washington		Registration Dist. No. 3 00
Village or City_Antietam	(II	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number) S. 10 ds. How long in U.S. if of foreign birth? yrs. mos. d
(a) Residence: No. Baltimo	Joseph Marshall	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4. color or race 5. male white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH July 31,1935
a. If married, widowed, or divorced HUSBAND of	O INSIO	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fro
DATE OF BIRTH (month, day, and year) Jan	. 13 1933	A last saw him alive on July 3 , 1935; death is sai
AGE Years Months 2	Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at _ S 2 opn. M . The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Aut Darley - Expert - VERL
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation) e v
2. BIRTHPLACE (city or townPlymouth (State or country)	J.	Other Contributory Causes of Importance:
13. NAME Rodney Marshal	1	Edena)
13. NAME Rodney Marshal 14. BIRTHPLACE (city or town) (State or country) Antiet	am Md	Name of operation
		What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) Robert Campbe	am Md	Accident, suicide, or homicide?, 19, 19
(Address) Sharpsburg :: (Address) Sharpsburg :: 8. BURIAL, CREMATION, OR REMOVAL -		Specify whether injury occurred in INDÚSTRY, In HOME, or in PUBLIC PLACE.
PlaceSharpsburg Md	Date Aug ,	Manner of injury
Albert Leaf 9. UNDERTAKER - Williamsport (Address)	Md-	24. Was disease or injury In any way related to occupation of deceased?
0. FILED 1/3 , 1035- EN	Boy ese Registrar.	(Signed) Waster Shear M. (Address) Sharpshory Ind.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	* 1
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	A') 7 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			A STATE OF THE STA	

1. PLACE OF DEATH	VD CLIVI	- Sei	OI DEF	viii (1)	1100
County Vachington		20	Registration	Diet No 30	2
Village or City That The Property Limits		2 / 5 M	Lucus tution, give its NAM	St., E instead of street and	
Length of residance In city of town where death occurred 3yrs.	mosds.	How long In U.S. if	of foreign birth?	yrsn	nosds
2. FULL NAME Margarité & M	Laugh	lin			
(a) Residence: No. 215 M (Usual place of abode)	St.,	H Ward.	If nonresiden	t give city or town an	d State
PERSONAL AND STATISTICAL PARTICULA	s	MEDICAL (CERTIFICATI	E OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write to		E OF DEATH	Jarly (Month)	Q.	., 193 5
If married, widowed, or divorced			(wongs)	(Day)	(Yaar)
HUSBAND of John 7 Mc Tangh	in 22.	1955B	CERTIF	Thet lattender	d deceased from
6. DATE OF BIRTH (month, day, and year) after 2-18	5 3 I last saw	h_ alive on	July	8/ 1935	; daath is sai
	hea .	currad on the date sta	Market Control of the Control		
8 2 3 7 or		CIPAL CAUSE OF DEA	ATH and related caus	ses of Importance	Oata of onsa
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.		/	11		1
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occuration (month and	10	Entral	Leury	Mage	7/6/3
10. Date daceased last worked at this occupation (month end year) 11. Total tima (years) ccupation		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
12. BIRTHPLACE (city or town) Samuspill	Other Con	tributary Causes of im	portance:		204
(State or country)	D.	inhates (melle	us	ago.
13. NAME Jacop Saum					0
13. NAME Sauce Sauce 14. BIRTHPLACE (city or town) Sauce 16. (State or country)	Name of o	peration		Data of	
(Stata of country)	What tast	confirmed diagnosis?_		Was there en	eutopsy! Lo
15. MAIOEN NAME Harguite Engla	Le 23. If daeth	wes due to external c	auses (WOLENCE) f	ill in elso the followin	ng:
15. MAIOEN NAME Hargule Onda 16. BIRTHPLACE (city or town) Saumanelle (State or country)	Accident,	suicide, or homicide?_	X	Date of injury	, 19
(State or country)	Where did	injury occur?			
17. INFORMANT Sono Man Mc Laught (Address) Lagerstown and	Specify wh	hether injury occurred	in IMOUSTRY, In H	r town, county and Str OME, or In PUBLIC PI	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of	Injury	X		
Place Naguatown Modele July 12	, 19.3.3 Nature of		/		
19. UNDERTAKER SCATT T. Missansch.	Serv 24. Was dis	ease or injury In eny	way related to occup	pation of deceased	vo.
1-11- age The start	If so, spec	100	1. Stue	ste s	1
20. FILEO	(Sign		www. ff	Hotelso	Torus Or
	egistrar.	(Address) 44-1	200	777	

STATE OF MADVI AND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	_ 11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08033
1. PLACE OF DEATH	<u> </u>
county Washingaton	Registration Dist. No. 30 2
Village or City Kagerstown	ND. 11 Gerrae . St., 5 Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Still BOYN Child W	ment
(a) Residence: Np. 11 George	St.,5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word)	21. DATE OF DEATH
Male While Single	(Nonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
(01) HITE OF	July 2, 1935, 10 July 2, 1930
6. DATE OF BIRTH (month, dey, end year) 3(1) 11 2- 1935	1 Just Law h. Arn elive on still for 1, 1935; death is see
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Date of order
kind of work done, as SPINNER, V UNE SAWYER, BDOKKEEPER, etc.	- D. + 3 - A
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Stillborn
1D. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributary Causes of importance:
t2. BIRTHPLACE (city or town) 1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10.70
# 13. NAME Crist P. Mertz	
13. NAME CYTST P. West3 14. BIRTHPLACE (city or town) Ha a exstouch	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lugilla Smith	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town High Liell	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Christ P. Mextzy (Address) Hager stown was	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place / Muy mind Med Date July 2, 1933	Nature of injury
19. UNDERTAKER A. T. Cofficial (Addiess) Hardy Community	24. Was disease or injury in any way related to occupation of deceased?
7-2- 35 6 65/H 20wen	(Signed) Takel M.
20. FILED Registrar.	(Address) Hagesstown Md.
The many blanks are moded address State Design	N Chala Sant Baltima Bad and St. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis S A IVIAIIA	3 days ago
		CCSE 9 DNV	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	m of infor-	ould state	OCCUPA.	1
)	eRD. Every iter	HYSICIANS sh	t statement of	
INDING	RMANENT REC	XACTLY. P.	classified. Exac	
FOR B	IS IS A PE	e stated E	e properly	f certificate
RGIN RESERVED FOR BINDING	FADING INK-THI	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ns, so that it may be	TION is very important. See instructions on back of certificate.
	INLY, WITH UN	be carefully suppl	EATH in plain tern	important. See in
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should	(CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	(TION is very

STATE OF MARYLAND	CERTIFICATE OF DEATH 18034
1. PLACE OF DEATH	(48)
County Washington	Registration Dist. No. 20/
Village or City 2	ND. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME EDDA Suriada	mit
(a) Residence: No. Julgo Md	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Only 22
temale beliete married	(Val) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended daceased from
Charles M. Maly	July 3 ,1930 10 July 22 ,1935
6. DATE OF BIRTH (month, day, and year)	wast saw h alive on ; deeth is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data state abova, atm. The PRINCIPAL CAUSE OF DEATH end related causas of importance
79 6 2 lormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	
9. Industry or business in which	Chronic Must ned it's 1933
work was done, as SILK MILL, SAW MILL, BANK, etc.	
year) occupation occupation	Other Cautributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	P
0000000	coner of men
E	Name of counting
4. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Polly Cinquestle.	23. If daath was due to extarnal causas (VIOLENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) St. Open Constant	Accidant, suicide, or homicide? Date of injury, 19
(State or country) weigh. Co. md.	Where did injury occur?
17. INFORMANT Charles m. meta.	(Specify city or town, county and State) Spacily whather injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Addrass) Keedypenle Ind. OR	3
18. BURIAL, CREMATION, OR REMOVAL Place Samples Manager July 24, 1936	Manner of injury
Porus Color	Nature of injury
19. UNDERTAKER CADONAL CONTROL	24. Was disease or injury in eny way related to occupation of decaased?
Luly 3 34 - Wath . An auchard	(Signad) J-W. Clare M. D.
20. FILED July 22, 19 33 Tatherine Nagenhart Registrar.	(Addrass) Boonel ord,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

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kample I	0.00	Example II	
Ws:	1.2	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
2006	1921	Run over by street car	1 week ago
Via 9 1999	July 5,1927	Peritonitis	3 days ago
EUREAU V. S			
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	th and related causes RECEIVED AUG 5 1995	th and related eauces Date of onset WECEIVED 1915 1921 July 5,1927 THEREAU V. S of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

(iv	tem of infor- should state of OCCUPA-
	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
BINDING	PERMANENT REXACTLY. y classified. Exte.
RGIN RESERVED FOR BINDING	—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly or very important. See instructions on back of certificate.
GIN RESE	FADING INK. ied. AGE sho ms, so that it n structions on b
	Y, WITH UN carefully suppl H in plain terrorter. See ins
	On should be SE OF DEAT
. No. 1	B.—WR mati CAU TIO

STATE OF MARYLAN	ID—CERTIFICATE OF DEATH 08035
County Washington	Registration Dist. No. 302
Village or City Lectersburg	Ala
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera daath occurred 52 yrs.	ds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Vergile Hartle mi	ller
(a) Residence: No. Veilers bung ma	St.,Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO	
male White OR DIVORCED (wing the	word) [193 S
a. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
(OF) WIFE OF Felora anderson huller	22. I HEREBY CERTIFY. That attended deceased f
	May 4 , 1935, 10, July 7, 1931
DATE OF BIRTH (month, day, end year) Oct 31 1856	
AGE Yaers Months Days If LESS	
or	
8. Trade, profassion, or perticular kind of work done, as SPINNER, greenward SAWYER, BOOKKEEPER, etc	wall felisamong 37
POLICE CONTRACTOR OF THE POLICE CONTRACTOR OF	Ecotomic John
work was done, as SILK MILL, SAW MILL, BANK, etc	arione Scarosia 193
Note that this occupation (month end spent in this	estably my cald in 199
year) occupation	Othar Contributory Causes of importanca:
2. BIRTHPLACE (city or town) Testersburg	othal controllery caused of importance.
(Stata or country) f md	
13. NAME John Muller 14. BIRTHPLACE (city or town) Washington Co	
14. BIRTHPLACE (city or town) Mashington Co	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Washington Co	23. If daeth was dua to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Washington Co	Accident, suicida, or homicida? Date of Injury, 19
(State or country) md	Whare did injury occur? (Specify city or town, county and State)
INFORMANT four felvile miller	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Tellerburg md B. BURIAL, CREMATION, OR REMOVAL	
7 4 5 7 ~/ 12	Manner of injury
1.1.0+	Total V. mjely.
(Addiass) Way nedform to	24. Was disease or injury in any way releted to occupation of dacaased?
(Addiass) Waignestone Ta	If so, spacify
O. FILED July 9/, 1035 Jeo / January	(Signad) / / / M
1 torrest Regi	egistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 57	Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 19	25 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08030
1. PLACE OF DEATH	940
County Chashington	Registration Dist. No. 305
Village or City Books bero	NoSt.,Ward
(If Length of rasidence in city or town where death occurred 12 yrs — mos.	death occurred in a hospital or institution, give its NAME instead of street and number) — ds. How long in U.S. if of foreign birth?yrsds,
40 0 2	
2. FULL NAME Shows John	Noser
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad HUSBANO of (or) Wife of Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Marriad	21. DATE OF DEATH (Month) (Day) (Year) 22. HEREBY CERTIFY: That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Olys If LESS than 1 day,hrs. ormin.	I last saw in Line aliva on June 19.35, to June 19.35, death is said to have occurred on the date stated above, at 2. Com. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, proféssion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	(Siet Rudherly)
12. BIRTHPLACE (city or town) The Co. md	Other Contributory Causes of importance:
13. NAME Cyra C. Moser	
13. NAME Egra C. Mosev 14. BIRTHPLACE (city chown) - Mujeravillo	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Piace Myerswille Md: Oate July, 17., 19.33	Mannar of Injury
19. UNDERTAKER Com Bast 45 ourstroomd	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July. 17, 19.35 Chilliam & Bas	(Signed) Adulist Price M. D. (Address) Bosuston. M.C.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

05036

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	-1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Juy5,1927	Peritonitis	3 days ago	
Other contributory causes of innortance		Other contributory causes of importance:		
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year	
A	-			

TION is very important. See instructions on back of certificate.

STATE OF 1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 08037
County Washington	,	Registration Dist. No. 00
Village or City Clearsprin	g. Nd.	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residance in city or town where death	occurred 25 yrs mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Ral		
(a) Residence: No. Clearspr		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH July 20, 193 5. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of Mary C. Mu	llin	22. HEREBY CERTIFY, That I attended decaesed from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 25 7	ember 2, 1910 Deys 16 If LESS than 1 day,hrs. 0rhrs. 0rhrs.	to have occurred on the dete steted above, at
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	rm Laborer	Killedby lightening
12. BIRTHPLACE (city or town)	11. Total time (yaers) spent in this occupation	Other Contributory Causes of importance:
(Stata or country) Md.		
3. NAME John Mullin		
13. NAME John Mullin 14. BIRTHPLACE (city or town). Washin (State or country) Md.		Neme of operation Data of Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Agnes Penn	er	23. if daath wes due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Agnes Penn 16. BIRTHPLACE (city or town) Washing (State or country) Md.	ton County	Accident, suicide, or homicide? Dete of Injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Agnes II (Address) Clearspring,	ullin	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PlaceClearapring, Md.		
19. UNDERTAKER Snyder-Rowla. (Addrass) Clearspring	nd Funeral Hom	24. Was disaese or injury in any way releted to occupation of decaased?
20, FIL July 2 2 19 350 C	U Munay	(Signad) JOVUL N NOW M. D.

If more blanks are needed, address Since Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	2 45	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			L	

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 08038
1. PLACE OF DEATH	(B)
county Is ashington	Registration Dist. No.
Village or City 26 a q and the company	No. 9 West St. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred yrs. mos.	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME Mazil 6. Mury	Lug
(a) Residence: No. 9 Usest State W (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDIPAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
Sa. If married, widowed, or divorced	(Day) (Year)
(or) WIFE of 6 has H. Murphy	22. THE EBY SERTIFY. That ettended decessed from
6. DATE OF BIRTH (month, day, end year) Aug 25th 1881	las saw harman elive on 1925; death is seld
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the dete stated bove, atm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
50 10 ab ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	An the second se
SAWYER, BOOKKEEPER, etc	MUNIC MATO AND IN 1944
work wes done, es SILK MILL, SAW MILL, BANK, etc.	01141010 1111 0000101010 111110
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILE, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) year) 11. Total time (years) spent in this occupation.	
de la Part	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) LO COSTO	and the same of th
	my me raymous from
H. I.S. WAINE	Vasentos hypertrusion
13. NAME Sed C. Onument 14. BIRTHPLACE (city or town) Carroll leo (Stete or country)	Neme of operation
(State of County)	What test confirmed diagnosis? Wes there an aulopsy!! Westere an aulopsy!!
15. MAIDEN NAME Way E. Kelfer 16. BIRTHPLACE (city or town) A red. Co;	23. If death was due to external ceuses (VIOLENCE) fill In elso the following:
5 16. BIRTHPLACE (city or town) The A. Co	Accident, suicide, or homicide? Date of Injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT WAS W. Name (Address) Frederick End	Specify whether Injury occurred in INDÚSTRY, In HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hage Now Date 1/2 3, 1935	Neture of Injury
19. UNDERTAKER - Suffiter towns (Address) Lacaratowns und	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 7-23- 1935 Chast Hoceron	If so, specify (Signed) M. D.
Registrar.	(Address) West SAM
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH (1803)
1. PLACE OF DEATH	8) 30 Z
County for the County of the C	Registration Dist. No.
Village or City / Myenton	No. 754 Janville St., Z Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME un named Chiece	
(12) 4	V
(a) Residence: No. 754 Laurace (Usual place of abode)	1 St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
un Unon W OR DIVORCED (write the word)	(Month) (Day) (Tear)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
& DATE OF BIRTH (month day and year) July 31 1931	, 19, to, 19
6. DATE OF BIRTH (MONTH, day, and year)	I last saw h elive en, 19; death is said to have occurred on the data stated above, at
7. AGE Years Month's Days If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows: Data of one of
8. Trede, profession, or perticuler kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7
work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	G f
year) occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Jufus Constorus	other statistics, cases of importance.
(State or country) mcl	
13. NAME Vail heville	
13. NAME Vare neviele 14. BIRTHPLACE (city or town). Hay eisbown had	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Orene Keyton 16. BIRTHPLACE (city or town) / Janus onburg	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Jurus onburg	Accident, suicide, or homicide? Date of Injury, 19
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17. INFORMANT I rene herice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / Lugueshow	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Trustes Date Juny 34, 183	Nature of Injury
19. UNDERTAKER Zarl mavelle	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Heyershow,	If so, specify 8
20. FILED 1-35- 1985 Chart Bowes	(Signed) // · · · · · · · · · · · M. D
Registrar.	(Address) greyen rown my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example -		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.	S. Jul 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

08040

1. PLACE OF DI	EATH .	+	130			202.
County	Calle	glow		Registration (Dist. No.	
Village or City	Hage	alour	No. Wash - Z	CO. NOG	st.,	Ward
Length of residence	in city or town where deat		ds. How long in U.S. if o			
2. FULL NAME	Hano	11 7 . 1	clives			
(a) Residence: No	(11)	Georges.	St., 5 Ward.			
(a) residence: No	J	(Usual place of abode)	St., ward.	If nonresident s	rive city or town an	d State
PERSONAL	AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
Jemsle -	white	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Month)	12 (Day)	, 193 (Year)
Sa. If merried, widowed, or HUSBAND of (or) WIFE of	Lev 1	Victors	22. HEREBY		7-12-3 C	
6. DATE OF BIRTH (month	, day, and year)	43/19088	I last saw h alive on	7-12-	3 0,19	; death is said
7. AGE Years	Months	Days If LESS than	to have occurred on the date state	d ebove, at Je 3	o.P.m.	
26		/ 2 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related cause	s of importance	Date of onset
8. Trade, profession, o	or particular one, as SPINNER.	2/11.	19-1			Date of onset
SAWYER, BOOK	KEEPER, etc.	<i>b</i>	Mrem	uce)		6-28.3
9. Industry or busines work was done, SAW MILL, BAN	as SILK MILL,	<i>L</i>	7			
kind of work de SAWYER, BOOK 9. Industry or business work was done, SAW MILL, BAY 10. Date deceased last this occupation this occupation.	worked et 3//25	11. Total time (years) spent in this occupation				
	7150	1 60	Other Contributory Causes of Impo	ortance:		
12. BIRTHPLACE (city or to (State or country)	wn)	rus	1 10	1	1 1	FINZ
13. NAME	Frank	ande	Jun Ocu	e negs	new	3.70.5
14. BIRTHPLACE (city	or town) 72	ustin les	Name of operation		Date of	
(State or country		Pa	What test confirmed diagnosis?		627	
15. MAIDEN NAME	Rece	a justicall	23. If death was due to external cau			
16. BIRTHPLACE (city (or town) - 71 rac	Klin Co	Accident, sulcide, or homicide?		ate of injury	, 19
≤ (State or count		o fa	Where did Injury occur?			
17. INFORMANT (Address)	o Wich	cold and	Specify whether injury occurred in	n INDUSTRY, in HOI	own, county and St ME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, C	OR REMOVAL	Pa 7/1-	Manner of injury			
Place		Date 4 1 19 30	Nature of injury			
19. UNDERTAKER	Les Sui	ten & Sous	24. Was disease or injury in eny w	ay related to occupa	tion of deceased?	
(Address)	Hages	stone Judi	If so, specify	nn		
20. FILED 7-14-	123501	affrous	(Signed)	you	M	M. D
	,	Registrar.	(Address)	gerson	1//	nac.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regyesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-74	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1625	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG 5 130.	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related rauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 8 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BIIRFAII V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.

STATE	OF	MARYI	AND-	CERTI	FICATE	OF	DEATH
SIMIE	OL	MAKIL	LAND	CERTI	FICATE	OI	DEATE

08042

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City Nagers (1917)	No. Washington Co-Vospelas 3 Ward
(11)	death occurred in a hospital of unstitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U/S. if of foreign birth?yrsmosds.
2. FULL NAME OTHER VIDE	
(a) Residence: No. 5 4 / Harris One	St., a Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A COLOR OR RACE S SINGLE, MARRIED, WID OVED, OR DIVORDED (write the word)	21. DATE OF DEATH July 25
1000 Comment Comment	(Month) (Day) . (Year)
5a. If married, widowed, or divorced HUSBAND of WIFT of	22. A HEREBY CERTIFY, That, I attended deceased from
(or) WIFE of	July 11, 1935, to July 25, 1935'
6. DATE OF BIRTH (month, day, and year) Mullicoton 1881	Plast saw h live alive on July 25' , 1935; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated bove, at _ 8.552m.
Rosit 6 1 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Chronic antitie, Data of onset 7-1/3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Reonday assening 7-11-35
work was done, as SILK MILL	Supertrophied Pholote 7-11-39
SAW MILL, BANK, etc	Af hardy
this occupation (month and year) spent in Us	Chaustre regular 7-11-3.
Dandes 10 +	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Miste if Ruge alfrate
	tustany from the found
13. NAME PLOT NOW.	or too eligen of terring
14. BIRTHPLACE (city or town) (State or country)	Name of operation Data of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / CUDEN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?
JA4440 3/8 / / BAGO 0/	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) hull by the Academy (And)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAC	Manner of Injury
Place Dellepril Our Dala 7-26-1903.	Nature of injury
Stem hald well	
19. UNDERTAKER	24. Was disease or injury In any way related (Soccupation of deceased?
7/36/625 STONAL FOR 30-10	(Signed) M. D.
20. FILED	(Address) Hageisland hid
	2411 N. Charles Street, Baltimord Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH (1814)
county Mash un ston	Registration Dist. No. 307
Village or City Ita gerstown	No. 30 Garlinger Cest 2 W (If death occurred in a horpital or institution, give NNAME instead of street and number)
Length of residence in city or town where death occurred	mosds. How long in U.S.If of foreign birth?yrsmos
(a) Residence: No. To Garden (Usual place of about 1)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (w) Solution	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Shill box	22. 1 HEREBY CERTIFY, That I attended deceased (
6. DATE OF BIRTH (month, day, and year) 7-4-/9	I last saw h alve p , 19 , to , 19 ; death is
192ct 2 40 110	to have occurred on the date states above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of oil
2 Industry or business in which	120 les
work was done, as SILK MILL, SAW MILL, BANK, etc	ars) is
12. BIRTHPLACE (city or town) / Hagerslower	Other Contributory Causes of Importance:
(State or country) 1 13, NAME OF THE OF	
13. NAME John W Pyle 14. BIRTHP(ACE (city or town) Wayberly (State or country)	Name of operation Date of
15. MAIDEN NAME Sliver Des cefe	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Shows Des Cafe 16. BIRTHPLACE (city or town) New It cane	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT John & Pyle (Address) John & Pryle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Premise Dete Jus	Manner of Injury Nature of injury
19. UNDERTAKER Jah W Tyle (Address) Hay & American)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 7-5-1935 6 hoselflo	Registrar. (Address) / Heferelow

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis ECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ANC 8 1833			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

	1. PLACE OF DEATH	30-	2
	Village or City June 1	No. 409 W Nashiefter St. 2	Wari
	/ (1	f death occurred in a hospital or institution, give its NAME instead of street and number	1)
	Length of residence In city or town where death occurredmos	V7 11	ds
	2. FULL NAME Clark Ingene	sceffr.	
	(a) Residence: Np. 407 77 V as Light (Usual place of above)	St., Ward. If nonresident give city or town and State	
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (write the word)	(Month) (Day) , 193	5
5a	If married, widowed, or divorced HUSBAND of		real)
	(or) WIFE of Still born	22. I HEREBY CERTIFY, That I attended deceas	ed from
	DATE OF BIRTH (month, day, and year) 2 5 1935	, 19, to, 1	9
-	DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	104	h is sai
	2 / 1 day,hrs.	to have occurred on the detection above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profession, or particular	were as follows:	of onset
NOI	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	72	
OCCUPATION	9. Industry or business in which	Ro	
CO	work was done, as SILK MILL,	- Charles and the contract of	
0	1D. Date deceased last worked at this occupation (month and spent in this		
-	year) occupation	Other Contributory Causes of importance:	
12	BIRTHPLACE (city or town) Oly State or country)	-	
2	1 1 0 0	-	
FATHER	13. NAME John Perry Reff.		
FAT	14. BIRTY/PLACE (city or town) Jack Michael (State or country)	Name of operation Date of	
2	15. MAIDEN NAME Banesine Manager	What test confirmed diagnosis? Was there an autopsy	?
MOTHER	10. MAIDEN HAME develope Printing	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MO	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	9
	1 P. 11	Where did injury occur? (Specify city or town, county and State)	
17.	(Address) / Hencurles 14	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18	BURIAL, CREMATION, OR REMOVAL	Manner of injury	
	Place & Hauls Cernell Date July 5, 1935	Nature of injury	
19	UNDERTAKER Dryder & Roll Band	24. Was disease or injury in any way related to occupation of deceased?	
-	(Address) Och an Maryy	If so, specify	
	1.5. 75/-1801/48	(Signed) S. a. Forder	M I
20.	FILED 1900 Cruent Soul		III. (

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	Example I		Example II	
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Chronic interstitial nephr	itis AUG 6 1939	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08045
1. PLACE OF DEATH	
county VVashinaton	Registration Dist. No. 302
เขาายโคเรียกค่อมาการแก้วย เกิดเกีย	0127.
Village or City Ha a ev Sto um.	No. 915 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
the state of the s	dealth occurred the hospital of institution, give its IVAIVIE, instead of street and number) ds. How long in U.S. if of foreign birth?yrs,
(Pak., - R	
2. FULL NAME 1 CTY1CI a Jane 111	ngez
(a) Residence: No. 913 Mary Care	St., Ward.
(Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH
Huay White Single	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7Ma 2501/12/1	7 11.7
6. DATE OF BIRTH (month, day, and year) \n \con 28-1934.	lest saw harmalive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	1
SAWYER, BOOKKEEPER, etc	Joban Inumpnior 7-12-35
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
this occupation (month and spent in this year)	
DOGO 1	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) + 44 LYS + 10 LVM	
(State or country)	
13. NAME Richard W. Kinger	
13. NAME Richard W. 10 mger 14. BIRTHPLACE (city or town) + a a cy 5 to cm.	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME MUYA, MOIN BYON	23. if death was due to externel causes (VIOLENCE) fill in also the following:
3/200	Accident, suicide, or homicide? Oate of injury 19
O 16. BIRTHPLACE (city or town) O 11 (M G 0 D C V)	Where did injury occur?
ba: classed 111 Princes	(Specify city or town, county and State)
(Address)	Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hages town. Uw	Manage of Indiana
Place Hagers Municipale July 20, 1935	Menner of injury
1015011	Nature of Injury
19. UNOERTAKER TO QUELLA TO THE STATE OF THE	24. Was disease or injury in any way releted to occupation of deceased?
(Address)	If so, specify
100 FUED / 7 /4 - 10 3.5. Washinger UNA	(Signed) S. Cort form M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	-3	Example II	
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Chronic interstitial nephritis AIG 6 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU Y. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.—WRITE PLAINLY,

of OCCUPA.

Exact statement

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12	81	1	LL.	1	3	
1		7	X	,		

1. PLACE OF DEATH	•		93-c
County Washington			Registration Dist. No. 302
Village or City Hagers. Length of residence in city or town where			No. 105 E. Washington St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Caarence	G. ROWI	Tra	
(a) Residence: No. 105 E			St., 3 Ward. If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male White	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH July (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Jennie F	• Rowle	y	22. July 5 1935, to July 10 1935
6. DATE OF BIRTH (month, dey, end yeer) N 7. AGE Years Months	Days 25	If LESS then 1 dey,hrs.	I last sew h elive on July 10 , 19 37; deeth is said to heve occurred on the dete steted above, at 3.15A m. The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
8. Trede, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Retired		Octobecystiles 7/6/3) Octobecystiles 7/6/3) Asterio-levolis ? Chronic rugarantiles . Duration; ? three grans . Current
	onsin		Other Contributory Causes of importance:
13. NAME Gebrge Row 14. BIRTHPLACE (city or town)	ley		
4. BIRTHPLACE (city or town)	nown		Neme of operation Date of
(Stele or country)			What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Schfron 16. BIRTHPLACE (city or town)	ney Buck	man	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Unknown (Stete or country)			Accident, suicide, or homicide?
17. INFORMANT Mrs. Jennie (Address) Hagerstown 18. BURIAL, CREMATION, OR REMOVAL	n, Md.		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Menner of Injury
PlaceHagerstown, Md. 19. UNDERTAKER Fred W. Kr. (Address) Hagerstown 20. FILED 7-//- 19.354	aiss	Jackos Registrar.	Neture of Injury 24. Was disease or injury in any way releted to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)

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Chronic interstitial nephritis FCEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AliG 6 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH state OCCUPA. 1. PLACE OF DEATH 82-a County Washington should Registration Dist. No. Village or City Hagerstown of Length of rasidance in city or town where death occurred PHYSICIANS statement Rebecca Ann Russ 2. FULL NAME 636 N. Mulberry S RD. (a) Residence: No. Exact PERSONAL AND STATISTICAL PARTICULAI 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WII QR DIVORCED (quite ti Female White 5a. If married, widowed, or divorced HUSBAND of D. Paul Russell (or) WIFE of May 15. 1859 6. DATE OF BIRTH (month, day, and year)

Days

11. Totel time (yaars

occupation __

77

Md . Date July

If LE 1 day,.

Months

Hagerstown

Md.

Loud

14. BIRTHPLACE (city or town) ---- Germany

2

8. Treda, profession, or particular kind of work done, as SPINNER, Home Work SAWYER, BOOKKEEPER, etc.

	No. 636 N. Mulberry Streetst. Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
ell	
	St., H Ward. If nonresident give city or town and State
RS	MEDICAL CERTIFICATE OF DEATH
OOWED. ne word)	21. DATE OF DEATH July 26, 193 5 (Month) (Dey) (Year)
SS than	1 HEREBY CERTIEY. That I attended deceased from 2, 1935, to 2, 1935. I last saw hold allive on 2, 1935; deeth is said to have occurred on the date fletyd above, at 30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
min.	Orrebraf Newson kags July 2613
	Other Contributory Causes of Importance: Onus Russia
	Name of operation
3,19.35	Manner of Injury Nature of Injury 24. Was disease or injury in eny way reletant to occupation of daceased? TAD If so, spacify (Signed) M. D.
Registrar.	(Address) Heg Eystown . Mars

classified certificate. properly pe jo back so that it may instructions on mation should be carefully supplied. CAUSE OF DEATH in plain terms, See TION is very important. -WRITE

7. AGE

OCCUPATION

FATHER

MOTHER

76

9 Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc.____

this occupation (month and

10. Date daceased last worked et

12. BIRTHPLACE (city or town)

(State or country)

13. NAME George

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

15. MAIDEN NAME Amelia 16. BIRTHPLACE (city or town) (State or country)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	8045
1. PLACE OF DEATH		92.20	
county Washington		Registration Dist. No.	06
Village or City Blue mi	ountion ina	No	Ward
Length of residence in city or town where deet		f death occurred in a horpital or institution, give its NAME instead of street are ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME James	Is a la de	, ,	-11103:03.
	ug md # 3		
(a) Residence: No. O Military	(Usual place of abode)	St., Ward. If nonresident give city or town a	and State
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		21. DATE OF DEATH July 28	193 5
5a. If married, widowed, or divorced	married	(Month) (Day)	(Year)
HUSBAND of Thelma heih	ish Sanders	1 HEREBY CERTIFY, Thet I attend	ed deceased from
6. DATE OF BIRTH (month, day, end year) Heal	1 29 1904	Last saw h. im elive on Jely 2 7 193	S death is said
7. AGE Years Months	Days If LESS then	to have occurred on the dete steted ebove, et 443 a.m.	, couch 13 3010
31 4	29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:	
Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	. 0 . 1	weld 65 lullows.	Date of onset
	te Employe	acute Backerial	
work wes done, es SILK MILL, SAW MILL, BANK, etc.	ich Drives		7/7/35
10. Date deceased last worked et	11. Total time (years)	endo cardelio	///
this occupation (month end year)	11. Total time (years) spent In this occupation	A 4.4.	
12. BIRTHPLACE (city or town) Blue b	mulisie	Dther Contributory Causes of importence:	
(State or country)	In d	my feat dates	
13. NAME Harvey Sa	nders	" Ends carditis.	
13. NAME Harvey Sa	us eo	Neme of operation Dete of	
(State of country)	Pa	What test confirmed diagnosis? Wes there e	la.
15. MAIDEN NAME CAMA IN 16. BIRTHPLACE (city or town) - Blue	acey	23. If deeth was due to externel causes (VIOLENCE) fill in elso the follow	
16. BIRTHPLACE (city or town) Blue	mountain	Accident, suicide, or homicide? Date of Injury	
(State or country)		Where did injury occur?	
17. INFORMANT Harvey Sandys (Address) Smithshue m 1 # 3		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of injury	7
Place Cattrolis Cornetery	Dete. 3/ 1935	Neture of Injury	
19. UNDERTAKER Walter & y	111/5	24. Wes disease or injury in eny wey releted to occupation of deceased?	
(Addiess) Wayneston	v Par	If so, specify	0
20 FILED July 31 935 Gas	1. Jagaron	(Signed) Walley Hewells	.M. D.
	Registrar.	(Address) Days a long-	Pa

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Chronic interstitial nephritis	AUG Ø 1930	7921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	Jul 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08049
1. PLACE OF DEATH	(13)
County Washington Village or City Nagarate Limits of	No. 18 ellipse St., St., St., St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsyrs	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME William 7 Swarn	If U.S. Veteran specify WAR
(a) Residence: No. Sharpahay	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male whit gor Day or CED ("write the word)	(Nonth) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Marguite Swan	22. I HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month, day, and year) Oct 13-1859	I last sew h alive on fully E 19 30; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.2.0.5.0m.
75 8 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Queris delevation and soulis -
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9-Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) 11. Total time (yeers)	vascular renal disease ?
12. BIRTHPLACE (city or town) Prince Henge G (State or country)	Other Contributory Causes of importanca:
E 13. NAME John Smain	
14. BIRTHPLACE (city or town) Prince Gunge 6. (State or country)	Name of operation Data of
15. MAIDEN NAME Fllen anduson	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Oate of injury, 19
17. INFORMANT Burtram Smain (Address) Kendysmille Md	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL My Oate July 10, 197.5"	Manner of injury
19. UNOERTAKER Scott 7 Minnich Son (Address) Ragusstown md	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED 7-10-, 1955 Chast Bowes Registrar.	(Signed) M. C. Signed M. (Address) M. (Addre
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ACTLY.

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AGE

of OCCUPA-

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

V. S. No. 1 B

BINDING	PERMANE
FOR	SA
KVED .	THIS
ENE	INK
MARGIN RESERVED FOR BINDING	UNFADING
-	WITH
	-WRITE-PLAINLY, WITH UNFADING INK-THIS IS A PERMANE

STATE C	F MARY	LAND-	CERTIFICATE OF DEATH 08	(151)
1. PLACE OF DEATH	-		82-2	
CountyWashing	ton-		Registration Dist. No. 30	3
Village or City Pectonville		/10	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where	death occurred40	ur yrsmos	death occurred in a horpital or institution, give its NAME instead of street andds. How long in U.S. if of foreign birth?m	number) os. ds.
2. FULL NAME Ida Vir				
(a) Residence: No. Pectony			St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRI OR DIVORCED (Widow	FD, WIDOWED, write the word)	21. DATE OF DEATH July 31 (Month)	, 193_5 (Year)
5a. If married, widowed, or divorced				
HUSBAND of George W. Swandol		22. I HEREBY CERTIFY, That I ettended deceesed fr Jan., 19 34, to date, 19		
6. DATE OF BIRTH (month, day, and year) Ju	ne 16, 187	4	I last saw h_CI alive on July 30 135	; death is said
7. AGE Years Months	Days 15	If LESS than I dey,hrs. ormin.	to have occurred on the date stated above, at 4:-30Pm. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	15.4
8. Trede, profession, or perticular kind of work done, as SPINNER.				Date of onset
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		cerebral hemmorage		
10. Date deceased last worked at this occupation (month and year)	11. Total time spant i ocaupa	n this		
12. BIRTHPLACE (city or town)Washin (State or country)	gton Count	y	Other Coutributory Causes of importance:	-
I I3. NAME James Gladhil	1			
14. BIRTHPLACE (city or town) - Washington - County (Stete or country)		Name of operation Dete of	wisesw2	
15. MAIDEN NAME Susan Cat.	on		23. If death wes due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)		unty	Accident, suicide, or homicide? Date of injury	
E (State or coun'ry) Mc	_		Where did injury occur?	
17. INFORMANT William Swandoll (Address) Pectonville, Md.		(Specify city or town, county and Stat Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.	
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury	
Place Park Head Cemeter	ryDate Aug.	2,19.35	Nature of injury	
19. UNDERTAKER - Snyder-Rowland (Address) Clearspring	d-Funeral-H	iome	24. Was disease or injury in eny way related to occupation of deceased?	no
20. FILE aug & 1935	Lu. M	may	(Signed) Clery Porting Ma	M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset	The principal cause of death and related causes	Date of open
1915	of importance were as follows: Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
W	Other contributory causes of importance:	1 year
	1921	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City Hagerstown	No. 250 Avalon Road st., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Female Child of William	F. Valentine
(a) Residence: No. 250 Avalon Road (Usual place of abode)	St., / Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH July 11, 193.5. (Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JHEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year) July 11, 1935.	I last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 11:30A
Stillborn 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Infant Child SAWYER, BOOKKEEPER, etc.	Stillton Untout.
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Hagerstown (State or country) Md	Other Contributory Causes of Importance:
13. NAME William F. Valentine	
14. BIRTHPLACE (city or town) Hagerstown (State or country) Md.	Name of operation Date of
15. MAIDEN NAME Marie Newcomer	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Leitersburg (Stete or country) Md	23. If death wes due to external ceuses (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
7. INFORMANT William F. Valentine	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Hagerstown, Md. 8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Hagerstown, Md.Date July 12, 1935	
19. UNDERTAKER Fred W. Kraiss, (Address) Hagerstown Nd.	24. Was disease or injury in eny way releted to occupation of deceased? If so, specify (Signed) M. D.
20. FILED	(Address) 136 W Washing Ton

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Example I E D		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8):0)
County Washington	Postatuation Picture 302 (
WHY WIN COLUMN TO	Registration Dist. No.
Village or City Road To Charles (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME LEVER Dane W Mass	
(a) Residence: No. 72/ Francesh	9. 5
(Usual place of abode)	St., ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLED MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DU ORCED (durice the word)	July 28 ,193 5.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended daceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, end year) June 3-1902	! last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 7 m.
33 1 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Lack Man	
9. Industry or businass in which work was dona, as SILK MILL, W M R	
11. Total tima (years) this occupation (month and year) year)	
Osland town	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Nagnagity (Stata or country)	
E 13. NAME 7. 7 Masson	
HE BUTTON	
14. BIRTHPLACE (city or town) Balto (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Flora Furnan 16. BIRTHPLACE (city or town) Boonshara (State or country)	23. If death was due to external causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 2000 (State or country)	Accident, suicida, or homicide? Date of injury of Language 241935
Occupy) YVCC	Where did Injury occur? (Dangerstance) Mashington (Specify city or town, county and State)
17. INFORMANT Am Hora Gasson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Jagustown Md 18. BURIAL, CREMATION, OR REMOVAL	July Hacer, Coronar inques held 7/29/8
Place Lagustown Mapate Orde 31 19 3 5	Manner of injury dire die as the well of an intra-
14- Y 10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Nature of Injury Chamae humorage due is cause
19. UNDERTAKER Dent & Munich Istn	24. Was diseasa or injury in eny way related to occupation of deceasad?
(Address) Laguation ma	If so, specify
20. FILED / and 150 phast occur	(Signed) D. Edward Openid, acting Coroners.
Registrar.	(Address) Howarslown, Maryland)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-GAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V.S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08053
1. PLACE OF DEATH	(P)
14/00/00	Registration Diet No. 302
County VV CL S. YI L. Y. C. T. O.Y.	11 (3C D. L.
Village or City + U Q ex Stoum	No. 6 5 30 POTOMAC. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred the hospital of historical straining and street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME TYTHUY TO WAY	il haix.
(a) Residence: No. 1955 So Pot Omac (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	July 16 1935
THE TYPE I VILLY I TO	(Month) (Day) (Year)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Wilmuth	7/12 1935 10 7/16 1935
6. DATE OF BIRTH (month, day, end year) Oct 21-1906	I lost saw have alive on 7//2 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at short to A.M.
28 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or particular	were as follows: Desdio Wasula dream Dete of onest
SAWYER, BOOKKEPER, etc 9 Industry or business in which work was done, as SILK MID out the SAW MILL, BANK, etc 10. Date deceased lest worked et this mechanism (month and spent in this preparation (month and spent in this preparation (month and spent in this preparation (month and spent in this spent in	with aunuly Filmelleties 1925
79 Industry or business in which	The section of the se
work was done, as SILK MITS out hem Shus Co.	
10. Date deceased lest worked et this coeupation (month and spent in this spent in the spent in this spent in the spen	
this occupation (month and year) this occupation 1047S	
12. BIRTHPLACE (city or town) Reu Sex	Other Contributary Causes of Importance:
(State or country)	
13. NAME Cha Whilehair	
13. NAME Chas Whilehali V. 14. BIRTHPLACE (city or town) Causes	Nama of operation Nama of operation Date of
(State or country)	What test confirmed diagnosis? Class Was there an autopsy?
E	23. If death wes due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
100 0 110 H 110 161	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1. 1. Y.S. W. 1. My IN WIA. 14 CLAS	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) HO gex Stown. Wed	d
Place HCa qlx Stown water July 18, 1939	Mannor of injury
1000	Natura of injury
19. UNDERTAKER A. M. COXX mau.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lagerstown, Had.	If so, specify
20. FILED / - 16- 1925 Phalippower	(Signed) M. D.
Registrar.	(Address) LINNYLNA) ITTMAN
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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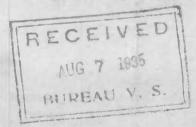
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Chronic interstitial nephritis AUG 6 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

E .	1 PLACE OF DEATH (Dist. No. J.O.) Ser	les No Division of Vital Statistics
The Tron	County Work '	West Virginia State Department of Health
sta ver	1-52	(8)
V. Diss	District The Factor	CERTIFICATE OF DEATH
Lion	or good Tine	(For State Reg. use only)
SZZ	Town or City / Legs / Lav No.	St.; (If death occurred in
100	2 FULL NAME Stillow Wiles	a hospital or institution, give its NAME instead
RECORD (M) D.V.S.—F. PHYSICIANS should state f of OCCUPATION is very	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PH	3 SEX 4 COLOR OR RACE MARRIED,	18 DATE OF DEATH
	Mal July 4 WIDOWED, WIDOWED,	July 17 193 5
PERMANENT ted EXACTI Exact state	Write the word)	(Month) (Day) (Year)
EXAC sta	B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
GRN Exa	(Month) (Day) (Year)	, 192 (to
00		that I last saw h alive on little , 192 , 192
IS A lbe st	7 AGE IF LESS than	and that death occurred, on the date stated above, atm.
S Pi	yrs o mos ds or min.?	The CAUSE OF DEATH was as follows;
H od vi	8 OCCUPATION	
田克	(a) Trade, profession or particular kind of work	Itillorn
AC AC Pro	(b) General nature of Industry, business, or establishment in	Managed and a supplied and the control of the contr
• _0	which employed (or employer)	(Duration) yrs mos ds.
UNFADING fully supplied. that it may b	9 BIRTHPLACE (State or country) Marylends	CONTRIBUTORY
IFAI by su at it	10 NAME OF	(Secondary) (Duration) yrs mos ds
o that	10 NAME OF FATHER	
carefs. 30	Lewis Priston Mes	(Signed) M. D.
WI Serm	MI BIRTHPLACE OF FATHER (State or country)	11 7 , 1923 5 (Address) W port, Mo.
ho,	OF FATHER (State or country) Marylund 12 MAIDEN NAME OF MOTHER	NOTE: State the DISEASE CAUSING DEATH. In deaths from VIOLENT CAUSES, State MEANS OF INJURY: and whether Accidental, Suicidal, of Homicidal.
2 2 2	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN-
PLAI nation H in p	Potrice Am Rubel	SIENTS OR RECENT RESIDENTS) At place In the
	13 BIRTHPLACE OF MOTHER	of death yrs mes ds. State yrs mes ds.
WRITE of FI	(State or country) Marylend	Where was disease contracted, If not at place of death?
W OF OF	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED QE	Former or usual residence
WR Every item of CAUSE OF I	anternant Lasin Pratin mel	13. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every		Paling Vally Country (2/2/7/03)
ÉO.E	(Address)	20 UNDERTAKER LA THE
Ä.	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Kenis I, Wiles / Fathers
Z	Filed Ly (1928 Langy M. Jack L. REGISTRAR.	ADDRESS Clearsfright Md.
	t Reputy lucal recisionan.	

FUNDERUN



of OCCUPA-

I.	PLACE O					(48)		30)
	County	Washing	MARRE	-m-k-quar-Limi	T8.9.			
		city Hager				1 41	" ' BIABET' . 1	St., War
	Length of res	idence In city or to	wn where dea	th occurred	yrsmos	(If death occurred in a hospital or institution, give its NAME instead of street mosds. How long in U.S. if of foreign birth?yrsds. How long in U.S. if of foreign birth?yrsds	mosd	
2					Wiles			
4.	(a) Resider			s abov		Ct 9 Word		
	(a) Nesidei	ice. No.		(Usual place		Registration Dist. No. No. 726 Chestnut st	or town and State	
	PERSON	NAL AND ST	ATISTIC	AL PART	ICULARS	MEDICAL CERT	IFICATE OF D	EATH
3. SI	EX	4. COLOR OR I	RACE !		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	July. 14	,1935
f	emale	white		marri		(Me		
5a. 1	f married, widow HUSBAND of					22 ALMEDERY C	EBELEV that	Aattanded deceased from
	(or) WIFE of	Villiam	M.Wi			Jon 7	14. X	Que 11/ 19 >
6 D	ATE OF BIRTH	(month, day, and ye	ear) Ju	me 4,	1899	last say h. P. A alive on	- hely 1	19 deathris s
. A		1	Months	Days	If LESS than	to have occurred on the date stated abo	re, at 1'. 45 A	. M.
	36	1		Lo	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and	releted causes of Impo	4
T	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.					wate es follows.		Data of on
2						Cerci	were	~ 1
5	9. Industry or work wa	business in which	ILL. o	t home				No
OCCUPATION	10 Date daces	is done, as SILK M LL, BANK, etcsed last worked at	Mar		tima (years)		mus!	3m
5	this occu	ipation (month and	1934	sp:	ent in this life			193
-						Other Centributary Canses of importance	:	
12. E	SIRTHPLACE (c (State or cou		ear H	agerst	own			
4	13. NAME		ard R	ickett		\bigcap	N A	
= -		E (city or town)	Chara II			Name of operation V	word	Date of Mas
2			Ohio			1	D. Sol	as there an autopsy?
2	15. MAIDEN NA	AME Ann	ie Ba	nzhof			1	
MOINER	16 BIRTHPI AC	E (city or town)					n/	. 47 (4 0
E		r country) W	illia	nsport	Md	Where did injury occur?	Me	A
17 1	NFORMANT	Mr. Wi	lliam	. M. W	iles	Specify whether injury occurred in IND	pecify city or town, cou USTRY, in HOME, or In	inty and State) PUBLIC PLACE.
. 7 . 1	(Address)	Hagers	town	Md			1	
18. 1		TION, OR REMOVA		HILLEY.		Manner of injury	X a	
	Place Hag			_DateJu	ly., 16.19.35	Nature of injury		
19. 1	JNDERTAKER	Albert	Leaf		. Fadanaaa	24. Was disease or injury in any way rel	atad te pecupation of d	eceased?
	(Address)	WIIII	amspo	10	70	If so, specify	1.5 000	P. D.
		16- 2	6 10	7/1/1/	100 10 M	(Signed)	1 acc	M
20. I	FILED /	192	1/1/	000111	0000	N O	- 1	1 - / 1

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Example I	110	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis ALLO & 1034	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	County Washington	0.5	Registration Dist. No. 30
	Village or City Clear Spring Md.	we emoun	negistration bist. No. St., No. St., Leath occurred in a horpital or institution, give its NAME instead of street and number,
	Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos
2	FULL NAME Erasmus Zirkle	(Trin	#1)
	(a) Residence: No. Rig Pool Md. I		St., Ward.
-	PERSONAL AND STATISTICAL PARTIC		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5	4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (Single)	write the word)	21. DATE OF DEATH July 1 193.5
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	` .	(Month) (Day) (Your 22. I HEREBY CERTIFY, That I ettended decease July 1935, to 19
6. I	DATE OF BIRTH (month, day, end year) July 1 193	35	last saw h alive on
7. /	GE Years Months Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date steted above, at 6 Qu
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Stillborn 2mcs, gestation
0	10. Date deceesed last worked at this occupation (month end year)	e (years) n this tion	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town)		Other Community Causes of Importance:
ER	13. NAME M. E. Zirkle		
FATHER	14. BIRTHPLACE (city or town)		Neme of operation Date of Was there an autopsy?
MOTHER	15. MAIDEN NAME Etta Hart 16. BIRTHPLACE (city or town) Md.		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
	(State or country)	50.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OF REMOVAL Place Private Dete July	21935.	Manner of injury
19.	UNDERTAKER Sunder flowland	me	24. Was disease or injury in any wey related to occupation of deceased?

Uf more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	ample I		Example II	
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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis · · ·	3 days ago
11				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

1	. PLACE OF DEATH				2	
	County Washinton		Rosemour	ita Orchard) Registration	Dist. No. 30) 3
	Village or City Clear Spr	ing Md.	104/21	NO.	St.,	Ward
	Length of residence in city or town where	death occurred	yrsmos	do hyccurred in a hospital or institution, give its NAMds. How long in U.S. if of foreign birth?		
2	. FULL NAME Miller	Zirkle	(Tris	2 # 2)		
	(a) Residence: No. Big. Poc	Usual place o		St., Ward.	at give city or town and	State
properties.	PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICAT		
3. 5	Male White	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH		, 190
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of			22. I HEREBY CERTIF		
	DATE OF BIRTH (month, day, and year)	ulv 1 19	35	I last saw h alive on	10	
7. /	AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:4	20Am.	-, ueath is said
-			ormin.	were as follows:		Oate of onset
101	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none		Stillborn		* *************************************
JPA	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			2 mos, gesta	tion	
OCCUPATION	10. Oate deceased last worked at this occupation (month and year)	11. Total tin	ne (years) tin this pation			-
12.	BIRTHPLACE (city or town)		•••••••	Other Contributory Causes of Importance:		-
ER	13. NAME W F. Zirkl	6				
FATHER	14. BIRTHPLACE (city or town)(State or country)	Va		Name of operation	Date of	
ER	15. MAIOEN NAME Etta Har	t.		What test confirmed diagnosis?		
MOTHER	16. BIRTHPLACE (city or town)(State or country)	Ma.		Accident, suicide, or homicide? Where did injury occur?		
17.	INFORMANT Mrs. M. T. (Address) Park bord My	Zirkle	7.0.	(Specify city of Specify whether injury occurred in INDUSTRY, In H	or town, county and Stat OME, or in PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION PREMOVAL	oate_July	Q ,1955	Manner of injury		
19.	UNDERTAKER Sussden - flat (Address) Clean S	new y	Lome	24. Was disease or injury in any way related to occur If so, specify	pation of deceased?	
20.	FILEO 2 2 1935 9	wym	Mari Registra.		el. Gring	Tud.
	(fmore	blanks are needed, ad	des State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No). I.	

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